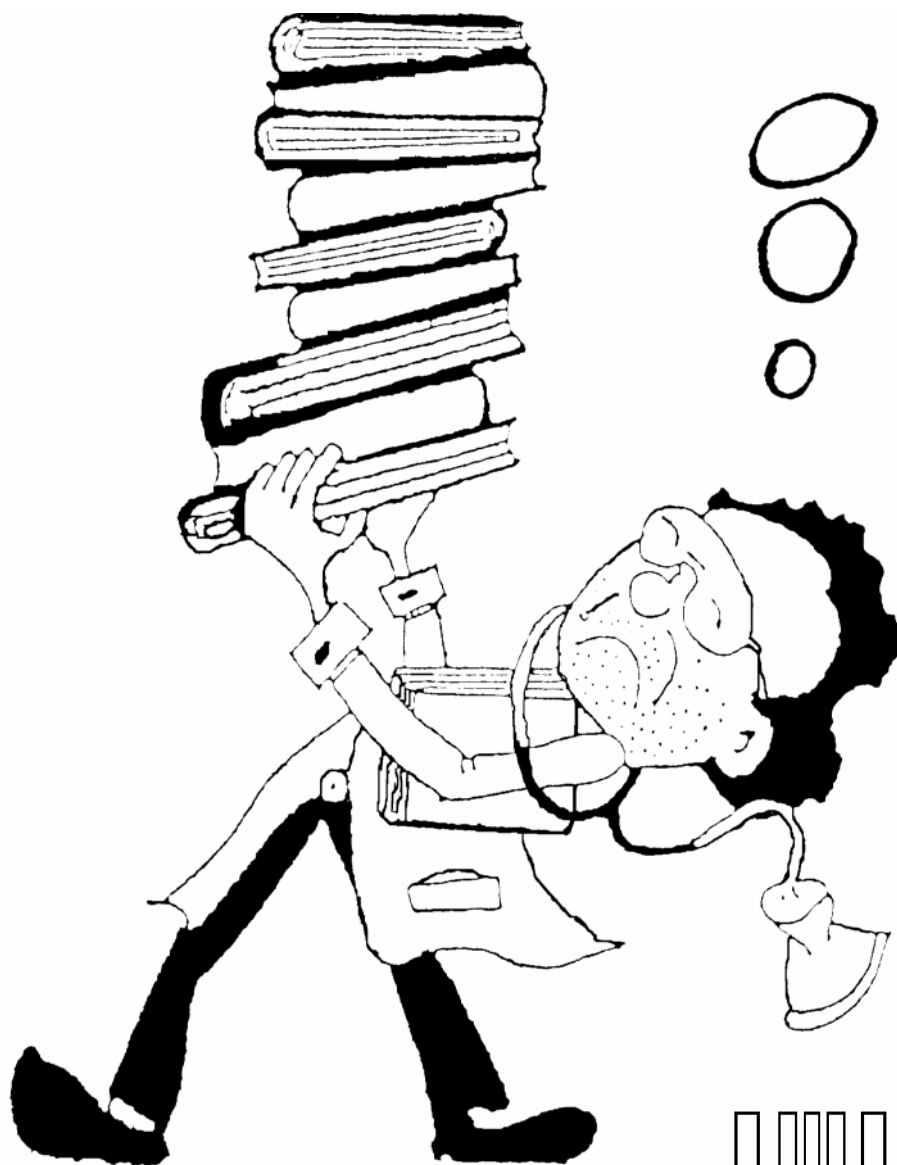


SURGICAL REVISION



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Grading system		
	Subtotal	Total
4 th year		20
5 th year		30
6 th year end of first round examination.	40.5	81
6 th year end of second round examination.	40.5	
Special surgery rounds	7 rounds, each with 7 marks	49
Final Examination		720
Written paper 1	180	
Written paper 2	180	
Long case	90	
2 short cases	90	
Jars	45	
Operative	45	
Anatomy	45	
X-rays	45	
Total		900

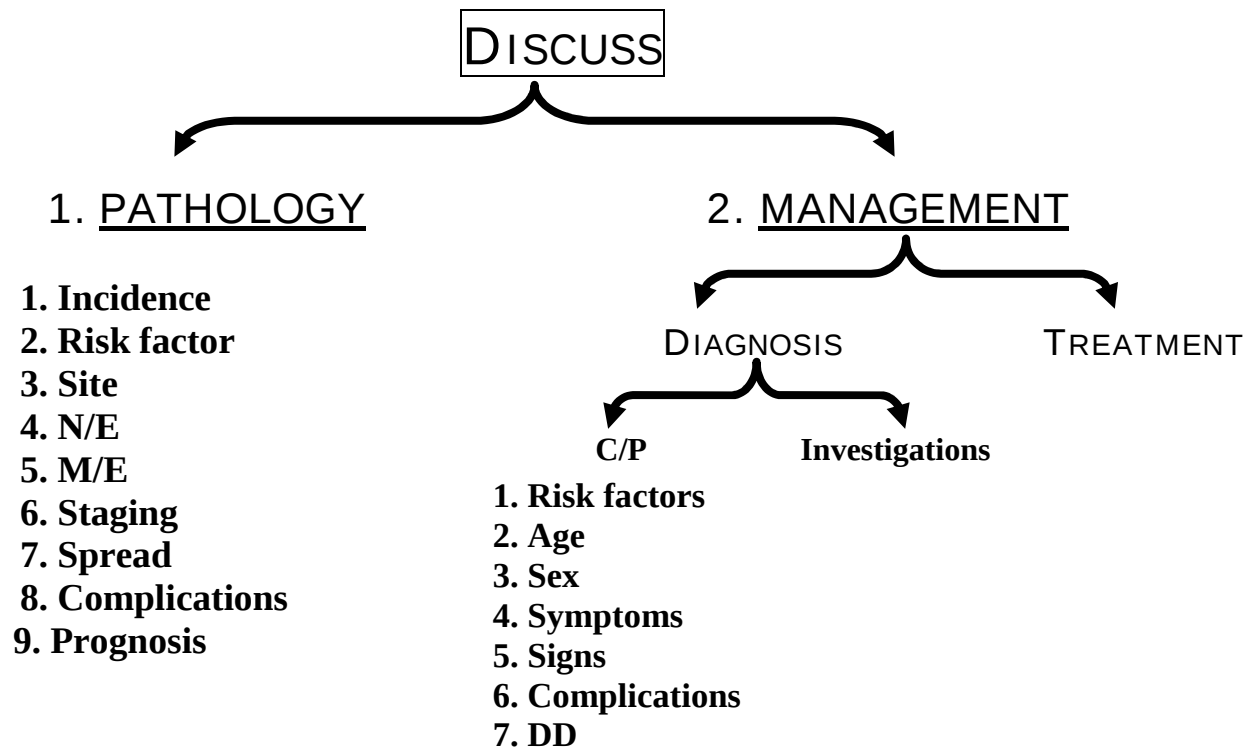
REVISION

ON

SURGERY

BY DR.WAEL METWALY

How to Answer Questions?



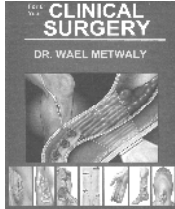
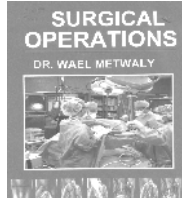
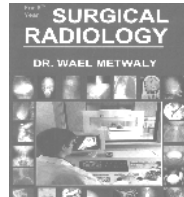
3. DISCUSS SUBJECT

- ★ Definition
- ★ Incidence
- ★ Classifications = Types
- ★ Aetiology ± Risk Factors
- ★ Pathology ± Pathogenesis
- ★ Clinical picture
- ★ Investigations
- ★ Treatment
- ★ Prognosis

REVISION 1

BREAST DISORDER

BY DR.WAEL METWALY

★ Clinical  - Chronic Breast Abscess - Fibroadenosis - Hard Fibroadenoma - Breast Cancer	★ Operative  - Radical Mastectomy - Treatment of Mastitis & Acute Breast Abscess. - Management of Cancer.
★ Jars  - Breast Cancer	★ X-rays  - Soft tissue Mammography

EXAMS

- A. Anatomy
- B. Written Questions
- C. Explanations
- D. Cases

A. ANATOMY

- | | | |
|------|---|----------------------|
| 2001 | - Discuss Lymphatic Drainage of the Breast | (10 Marks) □ □ □ □ □ |
| 2004 | - Discuss Anatomy of Female Breast | (20 Marks) □ □ □ □ □ |
| | - Discuss Lymphatic Drainage of the Breast | (10 Marks) |
| 2007 | - Discuss Lymphatic Drainage of the Breast | (10 Marks) □ □ □ □ □ |
| 2008 | - Discuss Anatomy of Female Breast | (10 Marks) □ □ □ □ □ |

B. WRITTEN QUESTIONS

2000

- Discuss C/P & treatment of **Acute Lactational Mastitis & Breast Abscess** (15 Marks) □ □ □ □ □
- Discuss causes & diagnosis of **Nipple Discharge** (10 Marks)

2001

- Discuss **Skin Manifestations** of Female Cancer **Breast**. (10 Marks) □ □ □ □ □
- Mention Aetiology, pathology, C/P of **Acute Breast Abscess** (10 Marks)

2002

- Mention DD of **Breast lump** (15 Marks) □ □ □ □ □
- Discuss, causes & management of **Nipple Discharge** (12 Mark)
- Discuss DD between **Paget's & Eczema** (12 Mark)

2003

- Enumerate causes & investigations of **Discharge per Nipple** (12 Marks) □ □ □ □ □
- Discuss **Paget's** disease of nipple (12 Marks) □ □ □ □ □
- Discuss DD of **Mass** of the Breast. (12 Marks) □ □ □ □ □

2004

- A 55 years old women presented with a hard lump in the breast. Discuss the **necessary investigations**. (10 Marks)

2005

- Enumerate **5 Risk factors** of cancer breast (5 Marks) □ □ □ □ □
- Discuss management of **Discharge per Nipple**. (15 Marks) □ □ □ □ □

2006

- Discuss C/P & Management of **Acute Breast Abscess** (10 Marks) □ □ □ □ □
- Discuss Aetiology & Management of **Bleeding per Nipple**. (10 Marks) □ □ □ □ □
- Enumerate **5 Risk factors** of cancer breast (5 Marks)
- Discuss management of **Discharge per Nipple**. (15 Marks)

2007

- A 45 years old women presented with a hard lump in the breast. Discuss **Staging & necessary investigations**. (20 Marks) □ □ □ □ □

2008

- Discuss DD of a hard lump of the breast in a 40 years old female & its **management**. (15 Marks) □ □ □ □ □
- Discuss Treatment of **Early cancer breast** (15 Marks)

2009

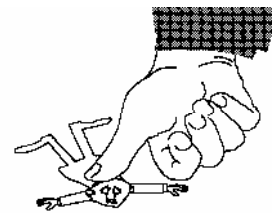
- A 39 years old female, with history of breast lump since 3 months. On examination you found breast mass about 6 cm in the outer lateral quadrant. It is intra-ductal carcinoma & fix to chest wall, peau d' orange skin, L.Ns in the axilla are 1-2 cm & fixed, no supra-clavicular L.Ns . General metastatic examination was free. (20 Marks) □ □ □ □ □
- What are line of treatment available for this case.**

C. EXPLAIN THE FOLLOWING STATEMENTS



1. Early drainage is the proper management of acute breast abscess
(2006 – □ □ □ □ □ □ - 6 oct.)
➤ To avoid destruction of lactiferous ducts.
2. In case presenting with lactating breast abscess it is advisable to drain early
(2007 – □ □ □ □ □ □ - Kasr)
➤ To avoid destruction of lactiferous ducts.
3. Routine screening mammography is recommended for female after the age of 40 years
(2006 – □ □ □ □ □ □ - 6 oct.)
➤ To detect non palpable mass especially with female with risk factors.
4. It is not advisable to give Radiotherapy to Axilla after axillary evacuation of breast cancer
(2005 – □ □ □ □ □ □ - Kasr)
➤ To reduce the possibility of lymphatic edema. as the **radiotherapy** → lymphatic obstruction.
5. Patient with breast cancer & +ve axillary L.Ns should be treated by Chemotherapy (Post-operative)
(2006 – □ □ □ □ □ □ - Kasr)
➤ To kill any potential distant micro-metastases that have escaped post-operative

D. CASES



Case [1] (Bacterial Mastitis)

A 25-years-old- lactating female presented with pain at her left breast. Associated with fever. Which becomes worse at night. By examination there were tender axillary L.Ns & no nipple discharge .

- a. *What is the provisional diagnosis .*
- b. *What is Aetiology*
- c. *What is the treatment*

Case [2] (Acute Abscess)

A young lactating female presented with painful mass at her left breast. Associated with fever & bad odour discharge at her brace .

- a. What is the provisional diagnosis .*
- b. What is the usual mode of presentation*
- c. What is the treatment*

Case [3] (Chronic Abscess)

A 30-years-old female presented with painless hard mass at Rt. breast. There was past history of purulent discharge & was advised medical treatment

- Discuss the diagnosis*

Case [4] (Mammary Duct Ectazia)

A 35-years-old lady presented by toothpaste – like discharge from her right nipple

- Discuss the diagnosis*

Case [5] (Fibroadenosis)

A 25-years-old girl presented by pain in her left breast which increase just before each menses.

- a. What is the provisional diagnosis?*
- b. What is the aetiology of this condition?*
- c. What is the management?*

Case [6] (Fibroadenosis)

A middle aged female presented with tender symmetrical enlargement of her breasts.

- a. What is the diagnosis?*
- b. What is the pathology?*
- c. How is the condition treated?*

Case [7] (Duct Papilloma or Duct Carcinoma)

A 40-years-old lady presented to the breast clinic with a bloody discharge from her right nipple

- a. What is the differential diagnosis?*
- b. What is the causes of bleeding?*
- c. How can you manage this condition?*

Case [8] (Chronic Breast Abscess or Cancer)

A female patient 50-years-old presented with a hard painless lump in the right breast.

(2004 – □ □ □ □ - 6 Oct)

- Discuss the diagnosis*

Case [9] (Mammary Duct Ectazia or Chronic Breast Abscess or Cancer)

A female patient 36-years-old presented with a hard lump in the upper lateral quadrant of her breast.

(2006 – □ □ □ □ - 6 Oct)

- a. What are the possibilities ?*
- b. Discuss important points in history & clinical exam.?*
- c. What are investigations would you order?*
- d. What is the treatment?*

Case [10] (Cancer Breast - Operable)

A 55-years-old women presented with a hard lump in the breast

(2004 – □ □ □ □ □ - Kasr)

(2007 – □ □ □ □ □ - Kasr)

- *Discuss the necessary investigations.*

Case [11] (Cancer Breast - Inoperable)

A 70-years-old women presented to the breast clinic with a lesion in the Lt. breast & pain in the right hypo-chondrium & Jaundice

a. What is the diagnosis ?

b. What are investigations would you order?

c. What is the treatment?

Case [12] (Cancer Breast)

A 39 years old female, with history of breast lump since 3 months.

On examination you found breast mass about 6 cm in the outer lateral quadrant. It is intra-ductal carcinoma & fix to chest wall, peau d' orange skin, L.Ns in the axilla are 1-2 cm & fixed, no supra-clavicular L.Ns . General metastatic examination was free.

(2009 – □ □ □ □ □ - Kasr)

a. What is the T.N.M staging in this case?

b. How could this patient discover her disease early?

c. What are the treatment available for this case?

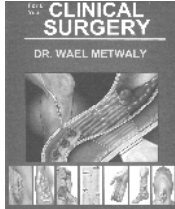
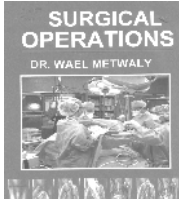
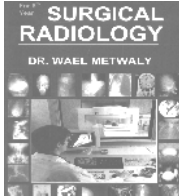
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Dr. WAEL

REVISION 2

ARTERIAL DISORDERS

BY DR.WAEL METWALY

★ Clinical  - Atherosclerosis - Burger's disease - Diabetic foot	★ Operative  - Amputation
★ Jars  - Aortic Aneurysm	★ X-rays  - Arteriography - <u>D</u>igital <u>S</u>ubtraction <u>A</u>ngiography (D.S.A.)

EXAMS

- A. Written Questions
- B. Explanations
- C. Cases

A. WRITTEN QUESTIONS

2000

- Discuss **Arterial Embolism of lower limb** (20 Marks)

2001

- Discuss Aetiology, C/P of **Aneurysm** (10 Marks)

2002

- Discuss Aetiology & C/P of **Acute Embolic Ischaemia of L.L** (12 Marks)

2003

- Mention C/P, investigations of **Burger's disease** (12 Marks) □ □ □ □ □

- Discuss types & diagnosis of **Arterial Injuries** (12 Marks) □ □ □ □ □

- Discuss path, C/P & management of **Diabetic foot** (20 Marks)

2004

- Discuss Aetiology, Types. C/P & manage of **Arterial Injuries** (20 Marks) □ □ □ □ □

- Discuss management of **crushing injury of the thigh** (20 Marks)

2005

- A 25-year-old female have Mitral stenosis, developed sudden severe pain in the Rt. Lower limb. Examination reveled pallor & coldness of right leg (Discuss management) (15 Marks) □ □ □ □ □

2006

- A 45-year-old male diabetic patient presented to the emergency department with pain & swelling of Rt. Foot. The patient was drowsy, the pulse was 120/min, A.B.P 110/70 mm Hge, & Temp. was 39. The foot was markedly swollen, warm & tender. (Discuss management) (20 Marks) □ □ □ □ □

2007

- Discuss **Diabetic foot** infection (10 Marks) □ □ □ □ □

2008

- A 33-year-old male, presented with a profuse bright red bleeding from a punctured wound below the inguinal ligament. Bleeding was controlled by sustained external pressure. Distal pulsations were weak, limbs was pale & cold. (Discuss management) (25 Marks) □ □ □ □ □

- You are called to see a 74 year old women in the orthopedic department. She underwent a hemiarthoplasty 6 days ago & has reported a sudden onset of a painful lt. leg. Which is unable to move. She denies any symptoms of intermittent claudicatio in the past. On examination her lt. leg is pale & cold. No venous engorgement in the form of limb swelling or odema. Her lt. femoral pulse is felt & IRREGULAR. There are no distal pulses in the same leg. (Discuss management) (10 Marks)

B. EXPLAIN THE FOLLOWING STATEMENT

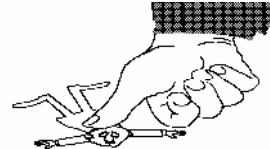


It is important to open deep fascia after delayed embolectomy

➤ To avoid Compartmental syndrome which is

(2005 – □ □ □ □ □ – 6 Oct.)

C. CASES



Case [13] (Embolic Ischaemia)

A 25-years-old female patient who is known to have mitral stenosis, developed sudden severe pain in the Rt. Lower limb. Examination revealed pallor & coldness of the Rt. leg.

(2005 – □ □ □ □ □ – Kasr)

- *What is the provisional diagnosis*

(2005 – □ □ □ □ □ – Kasr)

- *What is the management*

(2006 – □ □ □ □ □ – Kasr)

Case [14] (Embolic Ischaemia)

You are called to see a 74 year old women in the orthopedic department. She underwent a hemiarthoplasty 6 days ago & has reported a sudden onset of a painful Lt. leg. Which is unable to move. She denies any symptoms of intermittent claudicatio in the past. On examination her Lt. leg is pale & cold. No venous engorgement in the form of limb swelling or odema. Her Lt. femoral pulse is felt & IRREGULAR. There are no distal pulses in the same leg.

(2008 – □ □ □ □ □ – Kasr)

- *Discuss the management*

Case [15] (Arterial Injury–Crush Injury)

A 20-years-old man was injured in a motor car accident. The patient was alert. The pulse 140/min, ABP 90/60 mm Hg & Temp 37°. there was crushing injury of the thigh. Abdominal examination was free.

- *What is the management*

Case [16] (Arterial Injury –Stab)

A 33-year-old male, presented with a profuse bright red bleeding from a punctured wound below the inguinal ligament. Bleeding was controlled by sustained external pressure. Distal pulsations were weak, limbs was pale & cold.

(2008 – □ □ □ □ □ – Kasr)

- | | |
|---|--------------------------|
| <i>a. What is the possible diagnosis & DD ?</i> | <i>(5 marks)</i> |
| <i>b. Clinical evaluation & investigations ?</i> | <i>(10 marks)</i> |
| <i>c. Preparation of the patient & treatment ?</i> | <i>(10 marks)</i> |

Case [17] (Arterial Injury –Cut Wrist)

A 21-years-old medical student admitted to Kasr Al Aini hospital at night of last year exam by cut of her left wrist.

- Discuss the management

Case [18] (Burger's Disease)

A 20-year-old heavy smoker male patient complain with severe pain at his Rt. foot. By examination revealed pallor & coldness at level of lower Rt. foot.

- Discuss the management

Case [19] (Raynaud's Disease)

A 20-years-old female complains of Episodes affecting the hands following exposure of cold during the attack there is a color change from white to cyanosis.

- Discuss the management

Case [20] (Diabetic Foot)

A 45-year-old male diabetic patient presented to the emergency department with pain & swelling of Rt. Foot. The patient was drowsy, the pulse was 120/min, A.B.P 110/70 mm Hge, & Temp. was 39. The foot was markedly swollen, warm & tender.

(2006 – □ □ □ □ □ □ – Kasr)

- *Discuss the management*

Case [21] (Aortic Aneurysm)

A 80-years-old smoker male who on examination is found to have a pulsatile swelling in the abdomen.

- *What is the management*

Case [22] (A/V Fistula)

A 60-years-old male patient underwent trans-femoral coronary angiography. Next day the patient developed a painful, progressively enlarged swelling in the femoral triangle, palpation revealed that the swelling was pulsating.

(2005 – □ □ □ □ □ □ – 6 Oct.)

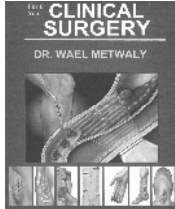
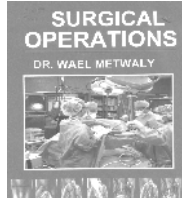
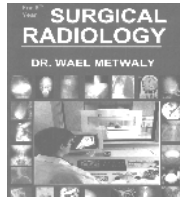
- a. *What is your provisional diagnosis?*
- b. *What investigations would you order?*
- c. *What is the management?*

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REVISION 3

THYROID DISORDER BY DR.WAEL METWALY

★ Clinical  - Simple Nodular Goitre. - Toxic Goitre. - Malignant Goitre.	★ Operative  - Subtotal Thyroidectomy - Principle of management of <u>hyperthyroidism</u> - Principle of management of <u>Cancer</u> thyroid
★ Jars  - Multi-nodular Goitre. - Malignant Nodule of the Thyroid	★ X-rays  - Thyroid scan.

EXAMS

- A. Anatomy
- B. Written Questions
- C. Explanations
- D. Cases

A. **ANATOMY**

2004 - Discuss Anatomy of **Thyroid gland**

(20 Marks) □ □ □ □ □

2006 - Discuss Anatomy of **Thyroid gland**

(10 Marks)

B. WRITTEN QUESTIONS

2000

- Discuss Post-operative complications of **Thyroid gland** (10 Marks) □ □ □ □ □
- Discuss Origin, C/P & Treatment of **Thyro-glossal Cyst**. (10 Marks)
- Discuss Pathology, C/P & Investigation of **R.S.G**. (10 Marks)

2001

- Discuss complications of **S.N.G**. (10 Marks) □ □ □ □ □
- Mention DD & Investigations of **Solitary Thyroid Nodule**. (15 Marks)

2002

- Discuss Post-operative complications of **Thyroid gland** (10 Marks) □ □ □ □ □
- Discuss complications of **S.N.G**. (12 Mark)
- Discuss Management of **Solitary Thyroid Nodule** (12 Mark)

2003

- Discuss complications of **S.N.G**. (9 Marks) □ □ □ □ □
- What are risks & precautions with treatment of **Toxic Goiter**. (9 Marks) □ □ □ □ □
- Discuss **Thyro-glossal cyst**. (9 Marks) □ □ □ □ □
- Discuss pathology, C/P & management of **Cancer Thyroid** (20 Marks)

2004

- Discuss clinical presentations of **Hyperparathyroidism** (20 Marks) □ □ □ □ □
- A patient who had a Thyroidectomy operation developed **Post-operative Respiratory Distress**. Discuss aetiology & tt. (10 Marks)
- What is the treatment of carcinoma of Thyroid gland. (15 Marks)

2005

- A 30 years old women who is pregnant for 5 months complains of palpitation, tremor , excessive sweating & loss of weight . Discuss (Diagnosis, Investigations & Treatment) (20 Marks) □ □ □ □ □
- What investigations would you order for **Solitary Nodule** of the Thyroid gland (10 Marks)

2006

- What is the C/P of **Hyperparathyroidism** (10 Marks) □ □ □ □ □
- Discuss Post-operative complications after **Thyroid operations** (20 Marks)

2007

- Mention the types of **Thyroid Neoplasm** (10 Marks) □ □ □ □ □
- What investigations would you order for **Solitary Nodule** of the Thyroid gland (10 Marks) □ □ □ □ □
- A 30 years old women who is pregnant in her 14 weeks developed tremor , insomnia , intolerance to hot weather & loss of weight . On examination she had tachycardia & wide pulse pressure. Discuss (Diagnosis, Investigations & Treatment) (20 Marks)

2008

- A 53 years old female presented to outpatient clinic with a Lt. sided thyroid swelling. There are no other symptoms or Signs. Sonograghy reveals a solitary solid nodule Discuss (Diagnosis & Treatment) (25 Marks)
- A 45 years old women presented to outpatient clinic with long standing history of generalized abdominal pain & gave a history of bil. Renal calculi for which she had Surgery. Currently she is suffering from COLLES' fracture . Discuss (Diagnosis , investigations & Treatment) (10 Marks)

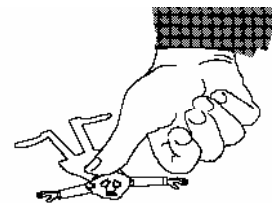
C. EXPLAIN

THE FOLLOWING STATEMENTS



1. Indirect laryngoscopy must be ordered before thyroid operations.
(2006 – □ □ □ □ □ □ - 6 Oct.)
➤ Because 3% of people have neuritis at Recurrent Laryngeal Nerve due to viral infection.
2. To diagnose hyperthyroidism during pregnancy, Estimation of free T₄ is more accurate than total T₄ (2005 – □ □ □ □ □ □ - 6 Oct.)
➤ To avoid false high results as during pregnancy the serum albumin increased and so T₄ combine with it so free T₄ is more accurate.
3. Hyperthyroidism during pregnancy should not be treated with Radio-active Iodine (2006 – □ □ □ □ □ □ - 6 Oct.)
➤ To avoid Genetic damage, Leukaemia or damage to Foetus.
4. It is contra-indicated to order Thyouracil in a toxic goiter with Retro-sternal Extension (2006 – □ □ □ □ □ □ - 6 Oct.)
➤ Because Anti-thyroid drugs → ↑ TSH → ↑ size of gland so prepared by Indral only.
5. FNA Cytology can not diagnose follicular carcinoma.
(2005 – □ □ □ □ □ □ - 6 Oct.)
➤ Because follicular carcinoma not cystic tumor but solid so FNA Cytology not used. But open biopsy is used.
6. Papillary carcinoma of thyroid should be treated by total thyroidectomy.
(2008 – □ □ □ □ □ □ - Kasr)
➤ Because Papillary carcinoma is the only type characterized by multiplicity (intra-thyroid lymphatic spread)

D. CASES



Case [23] (Thyroglossal Cyst)

A 17-years-old- male patient presented with midline neck swelling. By examination it moves with deglutition & protruding of tongue .

- *What is the diagnosis*
- *What is the underlying pathology*
- *What is the treatment*

Case [24] (S.N.G)

A 20-years-old girl presented by dyspnea & slowly enlarged neck swelling. The hormonal profile of thyroid was free.

- a. What is the possible diagnosis .***
- b. What is the possible complications***
- c. What is the treatment***

Case [25] (1ry Toxic Goitre with Exophthalmos)

A 30-years-old male presented to the ophthalmology clinic by double vision associated with mass at the lower part of the front of neck

- Discuss the management***

Case [26] (2ry Toxic Goitre)

A 50-years-old male complains of palpitation, tremors, excessive sweating, loss of weight & neck swelling since 20 years.

- Discuss management***

Case [27] (Toxic Goitre with Pregnancy)

A 30-years-old woman, who is pregnant for 5 months, complains of palpitation, tremor , excessive sweating & loss of weight .

(2005 – □ □□□ □□□ - Kasr)

(2007 – □ □□ □□□ - Kasr)

- a. What is the provisional diagnosis?***
- b. What is the investigations would you order?***
- c. What is the treatment?***

Case [28] (2ry Toxic Goitre with R.S.E)

A 40-years-old gentle woman complains with loss of weight in spite of good appetite & awareness of heart beats. By examinations there was neck swelling & the lower border can not be seen or felt .

- a. What is the provisional diagnosis?***
- b. What is the investigations would you order?***
- c. What is the treatment?***

Case [29] (Toxic Goitre with H.F)

A 45-years-old orthopnic patient complains of dyspnea, palpitation & loss of weight

- Discuss treatment of this case***

Case [30] (Cancer Thyroid - Operable)

A 75-years-old lady presented with short history of hoarseness of voice & development of neck mass

- a. What is the possible diagnosis .***
- b. What is the possible pathology***
- c. What is the treatment***

Case [31] (Cancer Thyroid – Inoperable- Lung Metastasis)

A 55-years-old patient presented with painful fixed mass at lower part of the neck associated with haemoptsis & chest pain

- Discuss the management***

Case [32] (Cancer Thyroid – Follicular- on Top of S.N.G)

A 65-years-old Elderly male presented with pain related to ear & neck swelling since 30 years

- a. *What is the possible diagnosis .*
- b. *What is the possible pathology*
- c. *What is the treatment*

Case [33] (Solitary Thyroid Nodule)

A 53 years old female presented to outpatient clinic with a Lt. sided thyroid Swelling. There are no other symptoms or Signs. Sonography reveals a solitary solid nodule (2008– □ □ □ □ - Kasr)

- a. *How would you reach the diagnosis?* (10 marks)
- c. *What is the treatment?* (5 marks)

Case [34] (Hyper para-thyroidesism)

A 45 years old women presented to outpatient clinic with long standing history of generalized abdominal pain & gave a history of bil. Renal calculi for which she had surgery. Currently she is suffering from COLLES' fracture (2008– □ □ □ □ - Kasr)

- a. *What is your diagnosis?* (2 marks)
- b. *What are investigations?* (4 marks)
- c. *What is the treatment?* (4 marks)

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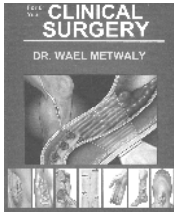
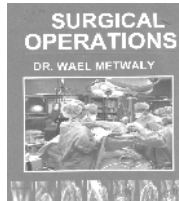
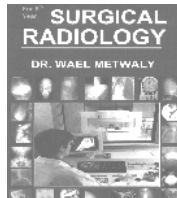
Dr. WAEL

REVISION 4

VENOUS & LYMPHATICS

SKIN & S.C. TISSUE

BY DR.WAEL METWALY

★ Clinical  - Varicose vein - Venous ulcer - Lymphodema - Lymphadenopathy - Lipoma - Dermoid cyst - Rodent ulcer	★ Operative  - Operations for varicose vein - Management of cold abscess
★ Jars  - Squamous cell carcinoma of the hand	★ X-rays  -

EXAMS

- A. Anatomy
- B. Written Questions
- C. Cases

A. ANATOMY

2003 ➤ Describe anatomy of long Saphenous vein

(12 Marks) □ □ □ □ □

B. WRITTEN QUESTIONS

Venous Disorders

2001

- Mention pathology, C/P of **(D.V.T.)**

(10 Marks)

2002

- Discuss **Deep Venous Thrombosis (D.V.T.)**

(20 Marks) □ □ □ □ □

2003

- Mention Aetiology & diagnosis of **(D.V.T.)**
➤ Discuss C/P & DD of **Varicose ulcer**

(12 Marks) □ □ □ □ □

(12 Marks) □ □ □ □ □

2004

- A 25 years old female who had recent delivery presented with pain & swelling of the left lower limb. Her vital signs were normal. **What is the management.**

(20 Marks)

2006

- A 25 years old female who had recent delivery presented with pain & swelling of the left lower limb. Her vital signs were normal. **What is the management.**

(20 Marks)

2007

- Discuss factors, C/P , complications & investigations of **(D.V.T)**

(20 Marks)

2008

- Discuss DD of **Leg ulcers**

(5 Marks) □ □ □ □ □

2009

- Male patient has history of pain in leg extend from knee to below , the calf muscle is firm & tender. No history of trauma.

What is the management.

(20 Marks) □ □ □ □ □

Lymphatic Disorders

2000

- Discuss Aetiology & path. of **Chronic lymphatic obstruction**

(15 Marks) □ □ □ □ □

2001

- Discuss C/P & Treatment of **T.B. Lymphadenitis**

(10 Marks)

2003

- Enumerate the causes of **Lymphodema**

(9 Marks) □ □ □ □ □

2006

- Discuss Pathology of **T.B. Lymphadenitis**

(10 Marks) □ □ □ □ □

Skin & S.C. Tissue

2000

- Discuss Aetiology & pathology of **Rodent ulcer**

(10 Marks)**2001**

- Discuss C/P & Treatment of **Squamous cell carcinoma.**

(10 Marks) □ □ □ □ □**2002**

- Discuss Aetiology & pathology of **Rodent ulcer**

(12 Marks)**2003**

- Discuss DD of **Ulcers of the face**

(10 Marks)**2004**

- Discuss C/P, investigations & ttt of **Carpal Tunnel Syndrome**

(12 Marks)**2005**

- Discuss **Basal Cell Carcinoma**

(10 Marks)**2006**

- What is the Treatment of a **Capillary Haemangioma (Strawberry)** in an infant one year old

(10 Marks) □ □ □ □ □**2007**

- Discuss **Basal cell carcinoma** of the face
 ➤ Discuss DD of **Ulcers of the face**
 ➤ Discuss complications of **Sebaceous Cyst**

(10 Marks) □ □ □ □ □**(5 Marks)****(5 Marks)****2008**

- Enumerate different types of **Lipoma**

(5 Marks) □ □ □ □ □

CARPAL TUNNEL SYNDROME

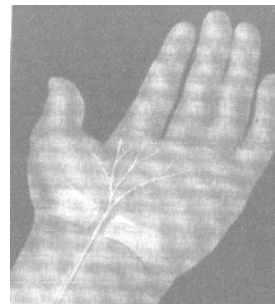
★ SURGICAL ANATOMY

Carpal Tunnel is formed by the Flexor Retinaculum over the carpal bones, it transmits the long flexor tendons & the median nerve, **but** the palmar cutaneous branch of median nerve passes on the Flexor Retinaculum, **so** it is spared in this syndrome.

★ CAUSES

- Rheumatic Arthritis.
- Myxoedema, Pregnancy
(due to increase tissue fluid deep to Flexor Retinaculum)
- Colle's fracture

★ **PATHOLOGY** Manifestations are due to compression of blood supply of median nerve
→ **Ischaemic neuritis.**



★ CLINICAL PICTURE

- **Type of patient:** Middle aged female.
- **SYMPTOMS:**
 - **Pain** : In the distribution of the median nerve in the hand, relieved by hanging the hand over the edge of the bed.
 - **Wasting** of Thenar muscles
 - **Anaesthesia** over the lateral 3 ½ fingers.
- **SIGNS:**
 - Slight tenderness over the carpal tunnel by percussion.
 - Increase pain if fingers & wrist are held fully flexed for few minutes

★ INVESTIGATIONS

Nerve conduction study on median nerve shows delay at the carpal tunnel

★ TREATMENT

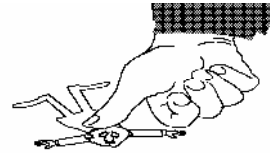
- **Mild** → Anti-inflammatory + Corticosteroids.
- **Severe** → Surgical spiting of the Flexor Retinaculum..

III- ULCERS OF THE FACE

Classification:

<i>Ulcerating Infective Lesions</i>		<i>Ulcerating Tumors</i>
<i>A. Non-Specific</i>	<i>B. Specific</i>	
1. Chronic Non-specific ulcer. 2. Infected Sebaceous cyst. 3. Molluscum Sebaceum.	1. Tuberculosis (TB). 2. Syphilis (S). 3. Leishmaniasis. 4. Leprosy. 5. Actinomycosis. 6. Anthrax.	1. Rodent Ulcer (BCC). 2. Epithelioma (SCC). 3. Malignant Melanoma. 4. Metastatic Mass Ulceration 5. Infiltrating deeply-seated tumor which invades the skin & ulcerates.

C. CASES



Case [34] (D.V.T)

A 25-years-old female patient who had recent delivery presented with pain & swelling of the lt. lower limb. Her vital signs were normal. Examination of the affected limb reveled generalized swelling & tenderness extending to the thigh.

(2004 – □ □ □ □ – Kasr)

(2006 – □ □ □ □ – Kasr)

- *What is the management*

Case [35] (D.V.T)

A 60-year-old male presented to hospital with a history of prolonged high fever. He was hospitalized for 3 weeks. He is complaining of pain & swelling of the Rt. Lower limb On examination he had stable vital signs, regular pulse, swollen leg, tender calf muscle & both dorsalis pedis & posterior tibial pulses were normally felt.

(2006 – □ □ □ □ – 6 Oct.)

a. *What is your provisional diagnosis .*

b. *What is investigations would you order*

c. *What is the management*

Case [36] (D.V.T)

Male patient has history of pain in leg extend from knee to below , the calf muscle is firm & tender. No history of trauma.

(2009 – □ □ □ □ – Kasr)

- *What is the management*

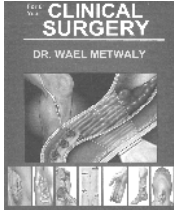
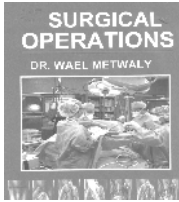
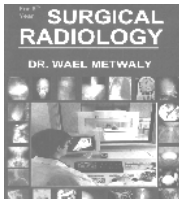
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Dr. WAEL

REVISION 5

HEAD & NECK DISORDERS

BY DR.WAEL METWALY

★ Clinical  - Cleft lip & Palate - Parotid gland swellings	★ Operative  - Parotid Abscess
★ Jars  - Cancer Tongue - Adamantinoma - Malignant Epulis	★ X-rays  - Submandibular stones. - Parotid Sialography - Sialectasia - Jaw swellings (Odontomas) - Cervical Rib

EXAMS

- A. Anatomy
- B. Written Questions
- C. Cases

A. ANATOMY

2008

➤ Describe anatomy of **Anterior triangle of the neck**

(5 Marks)

A. WRITTEN QUESTIONS

2000

- Discuss pathology & C/P of **Odontomes**
- Discuss C/P & Spread of **Cancer Tongue**

(15 Marks) □ □ □ □ □

(15 Marks) □ □ □ □ □

2001

- Discuss Path., C/P of **Cancer Tongue**

(10 Marks)

2002

- Mention **Pre-cancerous lesions of Tongue**
- Discuss DD of **Ulcers of Tongue.**
- Discuss DD of swellings in **Post. Δ of the Neck**

(10 Marks) □ □ □ □ □

(12 Marks)

(12 Marks)

2003

- Discuss DD of swellings in **Post. Δ of the Neck**
- Discuss DD of **Ulcers of Tongue**

(9 Marks) □ □ □ □ □

(9 Marks) □ □ □ □ □

2004

- Discuss C/P & treatment of **Thoracic Outlet Syndrome**

(20 Marks) □ □ □ □ □

2005

- Discuss Path. & C/P of **Cancer Tongue**

(15 Marks)

2007

- Discuss DD of swellings in **Carotid Δ of the Neck**

(5 Marks)

B. EXPLAIN

THE FOLLOWING STATEMENTS



Q1 : Carcinoma of post. 1/3 of Tongue has a bad prognosis

(2005 – □ □ □ □ □ - 6 Oct.)

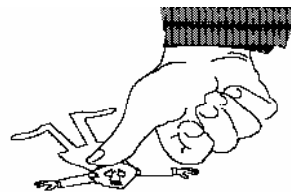
- As ① Mainly blood spread .
- ② Consider T4
- ③ Spread directly to U.D.C. L.Ns
- ④ Dysphagia is common so early deterioration

Q2 : Stones of the Parotid salivary gland are rare & less common those of Submandibular salivary gland

(2007 – □ □ □ □ □ - Kasr)

- As ① Submandibular secretion is more viscid .
- ② Submandibular duct lies in the floor of mouth so liable to be blocked by food particles .
- ③ Submandibular gland drainage is inadequate as it ascends upwards .

C. CASES



Case [38] (Cancer Parotid)

A 60-year-old woman presented with painful mass with rapid rate of growth at Lt. side of mandible the pain is referred to left ear

- a. *What is your provisional diagnosis .*
- b. *What is investigations would you order*
- c. *What is the management*

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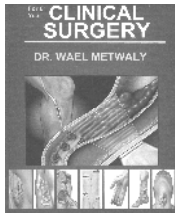
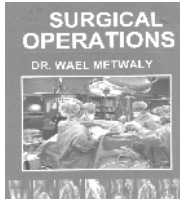
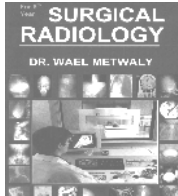
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REVISION 6

WOUND, SHOCK, HGE

BLOOD TRANSFUSION

BURN & SURGICAL INFECTIONS
BY DR.WAEL METWALY

★ Clinical  -----	★ Operative  - Venous Cut down Operation
★ Jars  -----	★ X-rays  -----

EXAMS

- A. Written Questions
- B. Explanations

A. WRITTEN QUESTIONS

1. Wound, Hge, Shock & Blood transfusion

2000

- Discuss types of wounds & management of **open wounds**.
- Discuss Factors affecting **Wound Healing**

(15 Marks)
(10 Marks)

□ □ □ □ □

2001

- Discuss **Septic Shock**.
- Mention indication & complications of **Blood Transfusion**.

(20 Marks)
(10 Marks)

2002

- Discuss **Post-hemorrhagic Shock**
- Mention Factors affecting **Wound Healing**
- Discuss priorities in management of **multi-injured patient**.
- Discuss complications of **Blood Transfusion**.
- Discuss aetiology , C/P of **Septic Shock**.

(10 Marks)
(12 Mark)
(12 Mark)
(12 Mark)
(12 Mark)

□ □ □ □ □

2003

- Enumerate factors of abdominal wound dehiscence
(**Burst Abdomen**)

(12 Marks)

□ □ □ □ □

2004

- Discuss Factors affecting **Wound Healing**

(20 Marks)

□ □ □ □ □

2005

- Discuss the aetiology, Pathophysiology & complications of
Septic Shock

(20 Marks)

□ □ □ □ □

2006

- What are the measures to keep a patent airway in a patient who had a **car accident**
- In a table form Discuss the **4 Classes of Haemorrhage**
- Discuss Aetiology & management of **Hypovolemic Shock**.

(10 Marks)
(10 Marks)
(20 Marks)

□ □ □ □ □
□ □ □ □ □

2007

- Discuss the aetiology, Pathophysiology & complications of
Septic Shock
- Discuss Factors affecting **Wound Healing**
- Discuss Detection of **wound sepsis after surgery**
& its management
- Discuss Types of **Hge** & their management.
- Discuss complications of **Blood Transfusion** & their management.

(20 Marks)
(10 Marks)
(10 Marks)
(10 Marks)
(10 Marks)

□ □ □ □ □

2008

- Discuss C/P of **Septic Shock**.
- Discuss complications of **Blood Transfusion**.

(10 Marks)
(10 Marks)

2. Burn

2000

- Discuss classifications of **Burns** according to surface area & depth (10 Marks) □ □ □ □ □

2001

- Discuss complications of **Burn** (10 Marks)

2002

- Discuss complications of **Burn** (10 Marks) □ □ □ □ □
➤ Mention fluid therapy of 30% **Burn** in adult (12 Mark)

2003

- What are the complications of **Burns** (20 Marks)

2004

- Discuss the complications of **Major Burn** involving the upper half of the body (20 Marks)

2007

- Discuss the assessment of the extent & the depth of **Burn injury** (10 Marks) □ □ □ □ □
➤ Mention the definition & complications of **Major Burn** (10 Marks) □ □ □ □ □

2008

- A 45 years old male, weighting 70 kg, sustained a flame burn in a closed room, resulting in a 30 % intermediate burn :
diagnosis of depth & extent, 1st aid & hospital management early & late complications & possible cause of death (20 Marks) □ □ □ □ □
- A 70 kg, 23 years old female presented to the emergency room with a burn that affected the Ant. aspect of the Rt. Leg & the Ant. Aspect of the abdomen & chest. On examination, her vital signs were stable and locally, the burnt area was erythematous with blisters & was sensitive to pinpricking.
How much fluids will she require in the 1st & 2nd 24 hours. (5 Marks)

3. Water & Electrolytes Imbalance

2004

- Enumerate causes, C/P & treatment of **Hypokalemia** (20 Marks) □ □ □ □ □

2005

- Enumerate causes, C/P & treatment of **Hypokalemia** (10 Marks)

4. Surgical Nutrition

2009

- Female patient has stroke so she has problem in swallow.
What is enteric methods to nutrition you know ? (10 Marks) □ □ □ □ □

5. Surgical Haemostasis

2005

- Discuss **Disseminated Intravascular Coagulation (D.I.C)**

(10 Marks)

6. Surgical infections

1996

- Discuss prevention of **Tetanus & Gas Gangrene**

(10 Marks)

2003

- Give a short account of **Carbuncle**

(12 Marks) □ □ □ □ □

2004

- Discuss **post-operative wound infections.**

(20 Marks) □ □ □ □ □

2005

- Discuss **post-operative wound infections.**
- Discuss **Carbuncle.**

(20 Marks) □ □ □ □ □
(10 Marks)

2007

- Discuss **Carbuncle.**

(10 Marks) □ □ □ □ □

2008

- Give an account on **Antibiotics** in surgical practice.

(15 Marks)

7. Hand Infections

2007

- Discuss management of **Pulp space infection**

(5 Marks)

8. Tumors

2003

- Discuss Modalities of treatment of **Cancers**

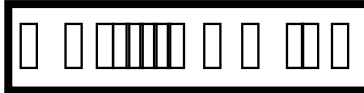
(20 Marks)

9. Transplantations

2004

- What are the indications of **liver Transplantation**

(8 Marks)



- ★ Motor Car Accident
- ★ Stab wound in Femoral Δ
- ★ Crush injury of The thigh

أولاً : لازم نوصف

Wounds

- Stab:
 - It is caused by pointed object as Daggers
 - It is most dangerous type because internal organ or vessels may have been cut
- Crush = Lacerated:
 - Caused by Blunt heavy instrument
 - Marked tissue damage.
 - Less liable for bleeding
 - More liable for infection
- Cut = Incised
 - Caused by sharp cutting instrument
 - Little tissue damage.
 - More liable for bleeding
 - Less liable for infection

ثانياً : نكتب

Management of multi-injured patient

I. PRE HOSPITAL MANAGEMENT

1. **Ensure of patent Airway** if patient is unconscious.
2. **Control of Bleeding** by compression.
3. **Sterile dressing** to prevent Contamination.
4. **Immobilize the fractured part** if associated.

II. HOSPITAL MANAGEMENT

A = Air way maintenance.

B = Breathing

- **IPPB** if Flail chest
- **Tube in 2nd space** if Pneumothorax
- **Tube in 7th space** if Haemothorax

C = Circulating i.e. control bleeding.

D = Disability

Any fracture must be **splinted** to decrease pain & to avoid soft tissue

E = Exposure

III. 1ST AID MANAGEMENT

➤ Anti-shock measures

As Warmth, Oxygenation, Morphia (Except with head trauma)

Then replacement therapy

According to classes of Hge

1. **Class II** → Ringer's lactate **3 times** the estimated defect about 3 liters

2. **Class III or IV** → Blood transfusion **equal** the estimated defect

➤ Antibiotics

➤ Anti-tetanic serum There are 2 possibilities

1. **If patient received 3 doses & last one with 10 years.**

A booster dose of Tetanus Toxoid (0.5 ml IM)

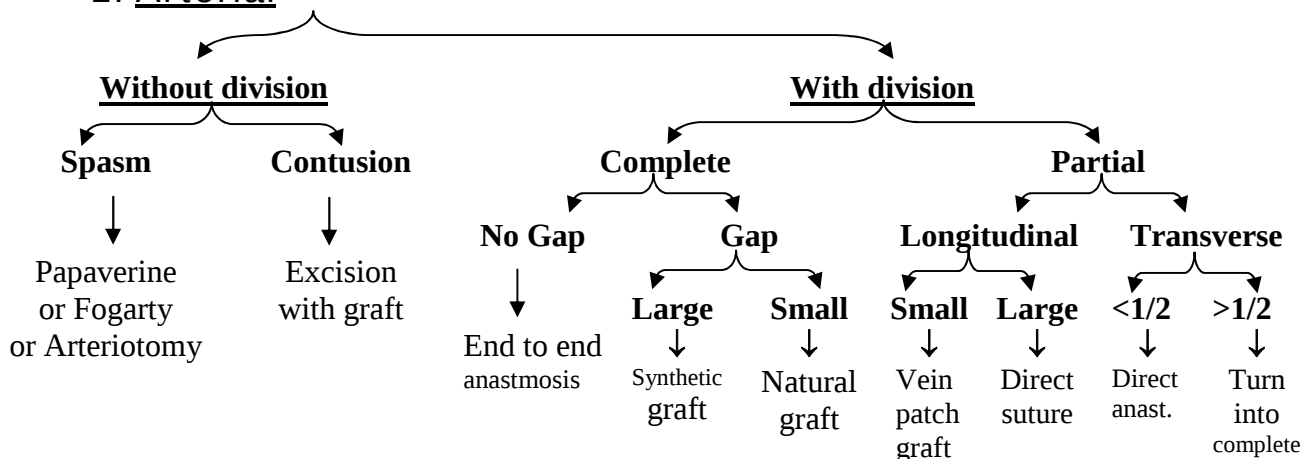
2. **If patient not previously immunized**

We start by Tetanus Toxoid (0.5 ml IM) + ITG Tetanus Immunoglobulin G

IV. DEFINITIVE TREATMENT

Exploration & Fasciotomy to prevent compartmental syndrome

1. Arterial



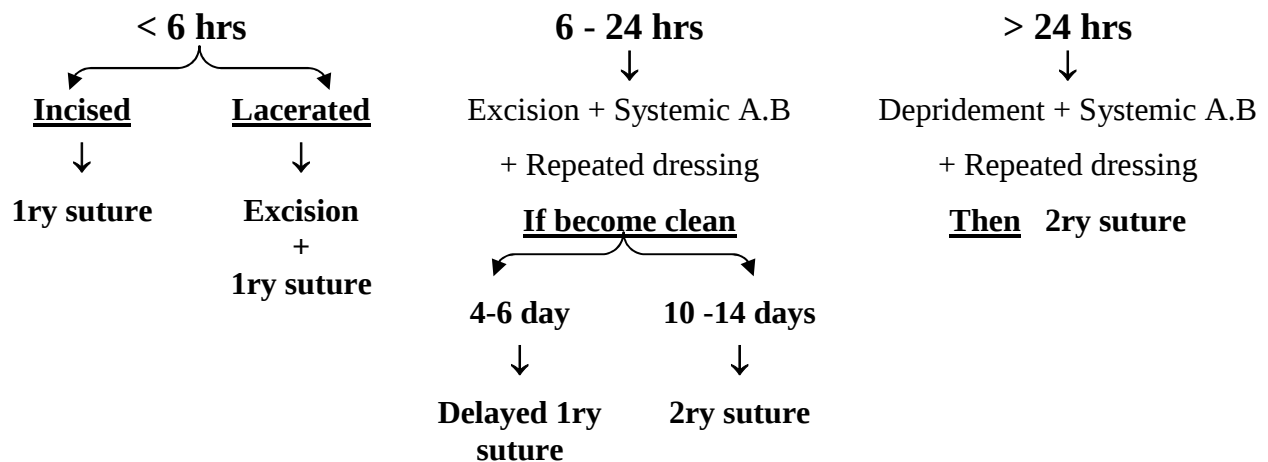
2. **Vein:** Should be repaired

3. **Nerve:** Repaired or left for another sitting

4. **Muscle & Tendon:** Are approximated

5. **Bone:** Associated Fractures must be stabilized

6. Skin closure (wound) According to onset of accident



B. EXPLAIN

THE FOLLOWING STATEMENTS



1. Patient Receiving Corticosteroid are liable to wound failure

(2005 – □ □ □ □ □ - Kasr)

- As Corticosteroid Catabolic: ① ↓ fibroblast proliferation.
 ② ↑ fragility of blood vessels leading to bleeding tendency & Ischaemia of the wound
 ③ ↓ immunity leading to skin infection

2. Diabetic patient are more liable to get wound infection

(2005 – □ □ □ □ □ - Kasr)

(200□ – □ □ □ □ □ - Kasr)

(2007 – □ □ □ □ □ - Kasr)

- Because of ① ↓ Cell immunity → infection
 ② Diabetic Angiopathy → Ischaemia i.e. Anaerobic infection
 ③ Peripheral Neuropathy → unaware of wound

3. Patients with septic shock have a worse prognosis than those with hypovolaemic shock

(2008 – □ □ □ □ □ - Kasr)

- Because of ① **No** physiological response as hypovolaemic shock (□ □ □ □)
 ② **More** tissue damage by Cytokines & Oxygen free radicals
 ③ **Damage** of barrier function of intestinal mucosa → Toxaemia

4. A young person may loose one liter of blood , yet his/her blood pressure is unchanged (2005 – □ □□ □□□ - Kasr)
(2005 – □ □□ □□□ - Kasr)

➤ Because of physiological Response by:

a. Local factors

1. Vasoconstriction
2. Intimal retraction
3. Clot formation

b. General factors

1. Neural factors
2. Endocrinal factors

5. A young person may loose one liter of blood , yet his vital signs are stable (2007 – □ □□ □□□ - Kasr)

➤ Same Answer Q: 4

6. Patient with Massive blood transfusion may develop a bleeding tendency (2006 – □ □□ □□□ - Kasr)

➤ Due to deficiency of Coagulation factors & Platelets in stored blood.

7. Patient with liver cirrhosis have a bleeding tendency (2005 – □ □□ □□□ - Kasr)

- Because of ① ↓ Coagulation factors (Prothrombin ,Fibrinogen & Factors V,VII,IX & X) which synthesized in the liver
② ↓ Platelets if associated hypersplenism if developed **Portal Hypertension**
③ ↓ Vit. K if associated obstructive jaundice if developed **HCC**

8. Haemostatic defects with Liver cirrhosis (2007 – □ □□ □□□ - Kasr)

➤ Same Answer Q: 7

9. Patient with Disseminated Intravascular Coagulopathy may develop a bleeding tendency (2005 – □ □□ □□□ - 6 Oct.)
(2006 – □ □□ □□□ - 6 Oct.)

➤ Because of consumption of Platelets & Coagulation factors
i.e. Consumptive Coagulopathy

10. Patient receiving Aspirin therapy should stop it for 10 days before surgery (2007 – □ □□ □□□ - Kasr)

➤ To avoid bleeding tendency as Aspirin inhibits Cyclo-oxygenase & Prostaglandin Synthesis thus it interfere with platelets adhesiveness.

11. Pt. with extensive burns have a serious Catabolic status

(2005 – □ □ □ □ □ - 6 Oct.)

- As ① Temp. > 45 degree leads to protein denaturation which exceed the capacity of cellular repaire .
 ② ↑ Capillary permeability leads to loss of fluid & proteins
 ③ ↑ Catabolic hormones as Catecholamine & Cortisol

12. Pt. with extensive burns need large amount of I.V fluids for

Resuscitation

(2005 – □ □ □ □ □ - Kasr)

- Same Answer Q: 11

(2006 – □ □ □ □ □ - Kasr)

(2007 – □ □ □ □ □ - Kasr)

13. Post-operative Fever (2008 – □ □ □ □ □ - Kasr)

- Because of ① D.V.T
 ② Chest infection
 ③ Wound infection

14. The proper treatment of terminal pulp space infection is early drainage.

(2006 – □ □ □ □ □ - Kasr)

- To avoid ① destruction of fine nerves
 ② thrombosis of terminal digits & gangrene

15. Patient Receiving Anti-rejection drugs may develop Neoplasms

(2005 – □ □ □ □ □ - Kasr)

- Because of ① May produce Abnormal Proteins in (the tissues or the blood Stream)
 e.g. **Skin cancer or Lymphoma.**
 ② May produce Abnormal W.B.Cs from bone marrow → **Leukemia**

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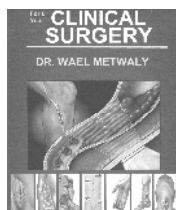
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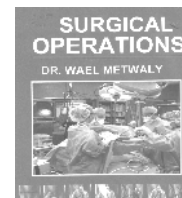
REVISION 7

OESOPHAGUS & STOMACH BY DR.WAEL METWALY

★ Clinical



★ Operative



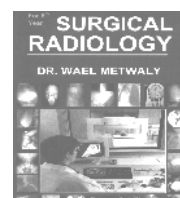
- Gastrostomy.
- Gastrectomy.

★ Jars



- Perforated G.U
- Multiple G.U
- Cancer Stomach

★ X-rays



➤ Ba. Swallow:

- Corrosive Stricture
- Achalasia
- Cancer Oesophagus
- Oesophageal Varices
- Atresia

➤ Ba. Meal:

- CHPS
- Hiatus Hernia
- G.U
- D.U
- Pyloric Obstruction
- Pneumoperitonum
- Cancer Stomach
- Linitis Plastica

EXAMS

- A. Anatomy
- B. Written Questions
- C. Explanations
- D. Cases

A. ANATOMY

2002

- Mention **Lymphatic Drainage of Stomach**

(20 Marks) □ □ □ □ □

2008

- Describe **Blood Supply & Lymphatic Drainage of Stomach**

(5 Marks)

B. WRITTEN QUESTIONS

1. OESOPHAGUS

2000

- Discuss C/P, Investigations of **Sliding Hiatus Hernia**

(10 Marks)

2002

- Discuss **Cancer** lower 1/3 oesophagus

(12 Marks) □ □ □ □ □

2003

- Discuss pathology & treatment of **Corrosive Stricture**

(9 Marks) □ □ □ □ □

- Enumerate Causes of **Dysphagia**

(10 Marks)

2004

- Discuss C/P, Investigations & Treatment of **Reflux Oesophagitis**

(20 Marks)

2008

- Give an account on Causes & Investigations of **Dysphagia**

(15 Marks)

2009

- Mother came to the emergency room with her daughter 7-years-old with history of corrosive material .

What is the 1st aid management, diagnosis & treatment of this case?

(10 Marks) □ □ □ □ □

2. STOMACH

2000

- Discuss Pathology, C/P. of **Cancer Stomach**

(15 Marks) □ □ □ □ □**2001**

- Discuss Aetiology, C/P, Invest. & ttt. of **Chronic D.U**

(20 Marks) □ □ □ □ □

- Mention C/P ,& Management of **Perforated P.U**

(20 Marks)**2002**

- Discuss **Cicatrized Pyloric Stenosis**

(15 Marks) □ □ □ □ □**2003**

- Discuss causes , Management of **Acute Gastric ulcer**

(9 Marks) □ □ □ □ □

- Discuss Pathology of **Cancer Stomach**

(9 Marks) □ □ □ □ □

- Discuss Complications after **Gastrectomy**

(9 Marks) □ □ □ □ □**2004**

- Discuss C/P ,DD & Management of **Acute Perforated DU**

(20 Marks) □ □ □ □ □

- Discuss C/P & Management of **Perforated Duodenal Ulcer**

(20 Marks)**2005**

- A 60-years-old male patient was admitted to the emergency after severe attack of Haematemesis . The pulse was 120/min. & the BP was 90/60 mmHg . Abdominal examination was free .the patient mentioned that he used medications for indigestion

Discuss Investigations & Treatment**(20 Marks)** □ □ □ □ □**2006**

- Discuss Aetiology, C/P, Invest. & ttt. of **Perforated duodenal P.U**

(15 Marks)**2007**

- A 33-years-old male patient presenting with persistent projectile vomiting & colicky abdominal pain 4 weeks duration. The vomitus contained food particles. Pulse was 60 per minute, A.B.P was 110/70 mm/Hg. Abdominal examination revealed waves of peristalsis

Discuss Investigations & Treatment**(25 Marks)****2008**

- Compare in a table between bleeding **Ulcer & Varices**.

(10 Marks) □ □ □ □ □

- A 40-years-old male patient presented to emergency room with recurrent abdominal pain of 24 hours duration. The patient gives history of dyspepsia. Pulse was 120 per minute, A.B.P was 90/60 mm/Hg & temp 37.9 C. Abdominal examination revealed tenderness & rigidity over epigastrium & Rt. Side abdomen

Discuss Investigations & Treatment**(25 Marks)** □ □ □ □ □

- Discuss C/P & Treatment of **Cancer Stomach**

(15 Marks)**2009**

- Male patient with chronic D.U, came to emergency room complaining of Haematemesis, A.B.P was 90/60 mm/Hg. Pulse was 120 per minute, R.R 33

Discuss Investigations & Treatment**(25 Marks)**

C. EXPLAIN

THE FOLLOWING STATEMENTS



1. Oesophageal Carcinoma is a disease with bad prognosis

(2005 – □ □ □ □ - Kasr)

(2007 – □ □ □ □ - Kasr)

- As ① Late detected as the onset is insidious .
- ② At time of presentation about 2/3 of circumference of oesophagus has been involved
- ③ The common site is middle 1/3 (50 %) is Radio-resistant tumor
- ④ Dysphagia to solid so early deterioration

2. Failure of benign Gastric ulcer to heal after 3 months of medical treatment. Indication of surgery

(2006 – □ □ □ □ - 6 oct.)

- Because failure of Benign gastric ulcer to heal after 3 months of medical treatment suspect Carcinoma as the aim of surgery is to remove ulcer & to take a biopsy

3. It is important not to delay surgery for elderly Pt. with bleeding D.U

(2007 – □ □ □ □ - Kasr)

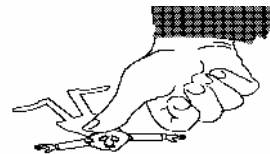
- Because Elderly Pt. associated with Atherosclerosis ,so no way for conservative ttt. as bleeding Atherosclerotic vessels not respond to Vasoconstrictors.

4. Highly selective vagotomy is more physiological than truncal vagotomy

(2006 – □ □ □ □ - 6 oct.)

- Because with highly selective vagotomy we don't cut hepato-biliary branch & celiac branch of vagus

D. CASES



Case [39] (Achalasia)

A 30 years old woman suffers from difficulty in swallowing , she says that liquids are more difficult in swallowing than Solid & she Learned to sit up straight & wait for the fluids to " make it through "

- *What is the possible diagnosis*
- *What is the possible pathology*
- *What is the possible Treatment*

Case [40] (Corrosive Stricture)

Mother came to the emergency room with her daughter 7-years-old with history of corrosive material

(2009 – □ □□□ □□□ – Kasr)

- *What is the 1st aid management, diagnosis & treatment of this case?*

Case [41] (Cancer Oesophagus)

A 70-years-old smoker male who has developed Dysphagia to solid over the last 3 months. In addition he has noticed a lump in the Lt. Supra-clavicular Fossa

- *Discuss the management*

Case [42] (Cancer Oesophagus – Inoperable)

A 62-years-old male comes for evaluation of progressive "difficulty in swallowing solid & recently semi-solids" for 4 months .he has noticed weight loss .there was recent attack of haemoptsis with chest pain

- *What is the management?*

Case [43] (C.H.P.S)

On the 3rd week after birth the mother is complaining that her baby is suffering from projectile vomiting after breast feeding. On abdominal examination it was noticed that the baby had a small mass in his epigastrium

(2008 – □ □□ □□□ – Kasr)

- *Discuss the management*

Case [44] (Perforated Duodenal Ulcer)

A 40-years-old male patient presented to emergency room with recurrent abdominal pain of 24 hours duration. The condition started by sudden severe epigastric pain, followed by a period of total improvement .The patient gives history of dyspepsia. Pulse was 120 per minute, A.B.P was 90/60 mm/Hg & temp 37.9 C. Abdominal examination revealed tenderness & rigidity over epigastrium & Rt. Side abdomen

(2008 – □ □□ □□□ – Kasr)

- *Discuss the management*

Case [45] (Cicatrized DU)

A 33-years-old male patient presenting with persistent projectile vomiting & colicky abdominal pain 4 weeks duration. The vomitus contained food particles from previous meal. On examination his tongue was dry, oliguric & his Pulse was 60 per minute, A.B.P was 110/70 mm/Hg. Abdominal examination revealed waves of peristalsis

(2007 – □ □ □ □ - Kasr)

- *What is the provisional diagnosis & DD*
- *Clinical evaluation & investigations*
- *Preparation of the patient & treatment*

Case [46] (Bleeding P.U)

A 60-years-old male patient was admitted to the emergency department after severe attack of Haematemesis . The pulse was 120/min. & ABP was 90/60 mmHg . Abdominal examination was free .the patient mentioned that he used to take medications for indigestion

(2005 – □ □ □ □ – Kasr)

(2009 – □ □ □ □ – Kasr)

- *What is the provisional diagnosis*
- *What investigations would you order*
- *What is the treatment*

Case [47] (Cancer Stomach)

A 72-years-old male has lost 10 kg. of weight over one month . he gives a history of anorexia for 7 months & vague epigastric discomfort for the last 3 weeks

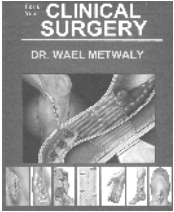
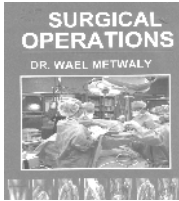
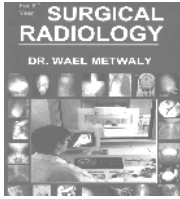
- *Discuss the management*

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Dr. WAEL

REVISION 8

PORTAL HYPERTENSION BY DR. WAEL METWALY

★ Clinical  - Hepato-splenomegaly	★ Operative  - Management of bleeding Oesophageal Varices
★ Jars  - Bilharzial Periportal fibrosis - Liver Cirrhosis	★ X-rays  ➤ <u>Ba. Swallow:</u> - Oesophageal Varices ➤ <u>Spleno-portography</u>

EXAMS

- A. Written Questions
- B. Cases

A. WRITTEN QUESTIONS

2000

- Enumerate causes of **Hamatemesis** & Discuss treatment of **Bleeding Varices**

(20 Marks)

2002

- Discuss treatment of **Bleeding Oesophageal Varices**

(12 Marks)

2003

- Discuss Complication of **Portal Hypertension**

(9 Marks) □ □ □ □ □

- DD & Management of **Hamatemesis**

(20 Marks)

- Discuss Aetiology ,C/p & Sequelae of **Portal Hypertension**

(20 Marks) □ □ □ □ □

2008

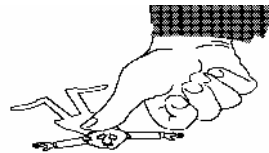
- Compare in a table between bleeding **Ulcer & Varices**.

(10 Marks) □ □ □ □ □

- A 45-years-old male presenting for the 1st time emergency room by complaining of upper G.I.T bleeding. He was on non steroidal anti- inflammatory drugs for joint pains for the past 3 weeks. Examination revealed : Liver 2 fingers below the costal margin, Spleen enlarged 3 fingers below the costal margin.

(15 Marks)

B. CASES



Case [48] (Oesophageal Varices)

A 45-years-old man presented with Hamatemesis for the previous 2 weeks. He had a history of previous 4 attacks of severe Hamatemesis & Receiving Blood transfusion each attack. The patient is under Endoscopic treatment for a period

- *What is the underlying pathology?*
- *How would you investigate him?*
- *What is the possible Treatment?*

Case [49] (Oesophageal Varices) (Bleeding P.U)

A 45-years-old male presenting for the 1st time emergency room by complaining of upper G.I.T bleeding. He was on non steroidal anti-inflammatory drugs for joint pains for the past 3 weeks. Examination revealed : Liver 2 fingers below the costal margin, Spleen enlarged 3 fingers below the costal margin.

(2008 – □ □ □ □ □ – KASR)

- *What is the D.D?*
- *How to reach a diagnosis?*
- *What is the Treatment?*

Case [50] (Haematemesis)

A 45-years-old man presenting with Hamatemesis

(2004 – □ □ □ □ □ – 6 Oct.)

- *Discuss the Diagnosis & Treatment?*

Case [51] (Oesophageal Varices)

A 50-years-old female presented with sever attack of Haematemesis, she was hospitalized. On examination her pulse was 120/min, A.B.P 100/70 mmHg. She had a tinge of jaundice

(2006 – □ □ □ □ □ – 6 Oct.)

- *Mention causes of Haematemsis?*
- *How would you investigate him?*
- *What is the possible treatment of acute attack of bleeding Varices?*

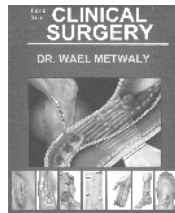
بِسْمِ اللَّهِ
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Dr. WAEL

REVISION 9

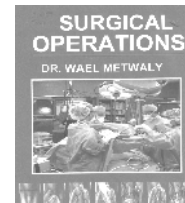
SPLEEN, LIVER & GALL BLADDER BY DR.WAEL METWALY

★ Clinical



- Hepato-splenomegaly

★ Operative



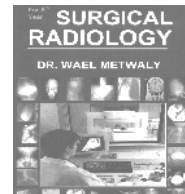
- Management of Rupture Spleen
- Management of stab Wound in Rt. Hypochondrium
- Splenectomy
- Cholecystectomy

★ Jars



- Liver Cirrhosis
- Amoebic Liver Abscess
- Liver Metastasis
- Rupture Spleen
- Splenic infarction
- Pigmented Stones
- Cholesterol Stones
- Cholesterol Stones (Mixed)
- Empyema of G.B

★ X-rays



- CT scan:
 - Hepatoma
 - Hydatid cyst
- Plain X-ray
- Oral Cholecystography
- HIDA Scan

EXAMS

- A. Anatomy
- B. Written Questions
- C. Explanations
- D. Cases

A. ANATOMY

1994

- Describe Anatomy of **Spleen**

(10 Marks)

1995

- Describe Anatomy of **G.B & Extra-hepatic Biliary system**

(15 Marks)

B. WRITTEN QUESTIONS

1. SPLEEN

2000

- Discuss C/P, Investigation & ttt. of **Rupture Spleen**

(10 Marks)

2002

- Discuss Diagnosis & ttt. of **Rupture Spleen**

(12 Marks) □ □ □ □ □

2003

- Enumerate Causes of **Enlarged Spleen**

(9 Marks) □ □ □ □ □

2004

- Discuss C/P & Management of **Rupture spleen**
- Enumerate the possible injuries, which may occur 2ry to a stab wound in the Lt. Hypochondrial area.

(20 Marks) □ □ □ □ □

(20 Marks)

Discuss Investigations

2006

- A 8 year-old Child was admitted to the casualty department after a car accident. The patient was alert. He complained of upper Lt. abdominal pain. The pulse was 120/min & ABP was 90/60 mmHg . Abdominal examination revealed slight guarding & tenderness in Lt. hypochondrium.

(20 Marks) □ □ □ □ □

Discuss 3 investigations & treatment

2007

- A 18 year-old male came to the casualty department after a road traffic accident. He recovered his senses after a few minutes. He complained of upper abdominal pain. The pulse was 120/min & ABP was 90/60 mmHg . Abdominal examination revealed slight guarding & tenderness in Lt. hypochondrium.

(25 Marks)

Discuss management.

2009

- A 17 year-old male has car accident. On examination we found . That he had pain in Lt. loin, dull Lt. Hypochondrium & shifting dullness to Rt. Hypochondrium.

(20 Marks) □ □ □ □ □

Discuss management.

2. LIVER

- 2001**
➤ Discuss **Amoebic Liver Abscess** (10 Marks) □ □ □ □ □
- 2002**
➤ Discuss C/P, Investigations & ttt. of **1ry Liver Cancer** (12 Marks)
- 2003**
➤ Discuss management of **Liver Injuries** (9 Marks) □ □ □ □ □
➤ Discuss **Amoebic Liver Abscess** (9 Marks) □ □ □ □ □
- 2004**
➤ Discuss **Liver Metastasis** (20 Marks) □ □ □ □ □
- 2005**
➤ Discuss Aetiology, C/P, Investigations & ttt. of **Liver Injuries** (20 Marks) □ □ □ □ □
- 2008**
➤ A 45-years-old farmer presented to the outpatient clinic complaining of Rt. Hypochondrial pain for the past 3 months. Examination revealed no clinical abnormality. C.T scan revealed a solitary focal lesion 5 cm in the Rt. Lobe of the liver
Discuss management (30 Marks)

3. GALL Bladder & Gall Stones

- 2000**
➤ Mention Types & Composition of **Gall Stones** (10 Marks)
- 2001**
➤ Mention Pathology & C/P of **Acute Cholecystitis** (15 Marks)
- 2002**
➤ Mention Types & Composition of **Gall Stones** & it's complication (12 Marks)
- 2004**
➤ Discuss Types, Aetiology & C/P of **Gall Stones** (20 Marks) □ □ □ □ □
➤ A 40 years old diabetic woman presented with persistent pain in Rt. Hypochondrium for one day. Her temp. 38`c Abdominal examination revealed tenderness & Guarding in Rt. Hypochondrium .
Discuss management (20 Marks)
- 2006**
➤ Discuss C/P & management of **Acute Calcular Cholecystitis** (20 Marks) □ □ □ □ □
➤ Mention the types of gall stones. (3 Marks)
➤ Describe C/P of **Chronic Calcular Cholecystitis** (5 Marks)
➤ Discuss the complications of **Gall stones** (12 Marks)
- 2008**
➤ A 55 years old diabetic female came complaining of an acute abdomen & persistent vomiting of 6 hours duration. On examination pulse was 100/minute, B.P 130/90 mm Hg. & temp. 38 c. She had a mild tinge of jaundice & localized tenderness in the Rt. hypochondrium
Discuss management (20 Marks) □ □ □ □ □
- 2009**
➤ A female patient, came to emergency room with sever Rt. Hypochondrial pain, Rt. Shoulder & radiate to back bilirubin level was 0.8 . **Discuss management** (20 Marks) □ □ □ □ □

C. EXPLAIN

THE FOLLOWING STATEMENTS



1. It is preferable to preserve the Spleen in children with a traumatic injury to the spleen (2006 – □ □ □ □ □ - Kasr)
(2008 – □ □ □ □ □ - Kasr)

- Because the spleen play an important role in immune mechanism (in children) especially against Pneumococci

2. Amoebic liver abscess is more common in Rt. Lobe of liver

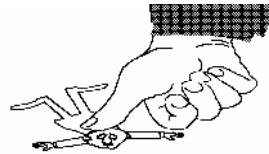
(2006 – □ □ □ □ □ - Kasr)
(2007 – □ □ □ □ □ - Kasr)

- As portal blood from Rt. Side of colon (site of Amoebic Colitis) drains to Rt. Lobe of the liver

3. A big sized gall bladder stone can produce acute Intestinal Obstruction (2006 – □ □ □ □ □ - Kasr)

- **Gall Stone Ileus** (discuss)

D. CASES



Case [52] (Rupture Spleen)

A 8 year-old Child was admitted to the casualty department after a car accident. The patient was alert. He complained of upper Lt. abdominal pain. The pulse was 120/min & ABP was 90/60 mmHg . Abdominal examination revealed slight guarding & tenderness in Lt. hypochondrium.

(2006 – □ □ □ □ □ – Kasr)

- *Discuss the Management?*

Case [53] (Rupture Spleen)

A 18 year-old male came to the casualty department after a road traffic accident. He recovered his senses after a few minutes. He complained of upper abdominal pain. The pulse was 120/min & ABP was 90/60 mmHg . Abdominal examination revealed slight guarding & tenderness in Lt. hypochondrium.

(2007 – □ □ □ □ □ – Kasr)

- *Discuss the Management?*

Case [54] (Rupture Spleen)

A 17 year-old male has car accident. On examination we found . That he had pain in Lt. loin, dull Lt. Hypochondrium & shifting dullness to Rt. Hypochondrium.

(2009 – □ □ □ □ □ □ – Kasr)

- ***What is the diagnosis?***
- ***How to confirm the diagnosis?***
- ***What is the possible Treatment?***

Case [55] (Rupture Liver)

A 30-years-old male patient was admitted to the Causality department after a car accident the patient was alert the pulse 110/min, ABP 110/70 mmHg. Chest examination was free. Abdominal examination revealed tenderness & Guarding in the Rt. Hypochondrium.

(2005 – □ □ □ □ □ □ – 6 Oct.)

- ***What is the diagnosis?***
- ***What is the investigations would you order?***
- ***What is the treatment?***

Case [56] (Amoebic Liver Abscess)

A 36 years-old male presenting by history of diarrhea & tenesmus for 5 days. on examination temp. Was 38 c. there was tenderness over the Rt. Hypochondrium . Chest x-ray revealed elevated Rt. Copula of the diaphragm

- ***What is the diagnosis?***
- ***How to confirm the diagnosis?***
- ***What is the possible Treatment?***

Case [57] (Solitary focal lesion of Liver)

A 45-years-old farmer presented to the outpatient clinic complaining of Rt. Hypochondrial pain for the past 3 months. Examination revealed no clinical abnormality. C.T scan revealed a solitary focal lesion 5 cm in the Rt. Lobe of the liver

(2008 – □ □ □ □ □ □ – KASR)

- ***What is the D.D?***
- ***How to reach a diagnosis?***
- ***What is the Treatment?***

Case [58] (Acute Calcular Cholecystitis)

40-years-old diabetic woman presented with persistent pain in Rt. Hypochondrium for one day. Her temp. 39°C Abdominal examination revealed tenderness & Guarding in Rt. Hypochondrium.

(2004 – □ □ □ □ □ – KASR)

- *Discuss the Management?*

Case [59] (Chronic Calcular Cholecystitis)

55 years old diabetic female came complaining of an acute abdomen & persistent vomiting of 6 hours duration. On examination pulse was 100/minute, B.P 130/90 mm Hg. & temp. 37 c. She had a mild tinge of jaundice & localized tenderness in the Rt. hypochondrium

(2008 – □ □ □ □ □ – KASR)

- *Discuss the management?*

Case [60] (Chronic Calcular Cholecystitis)

A female patient, came to emergency room with sever Rt. Hypochondrial pain, Rt. Shoulder & radiate to back bilirubin level was 0.8

(2009– □ □ □ □ □ – KASR)

- *What is your diagnosis?*
- *What are the possible complications?*
- *What is the Treatment?*

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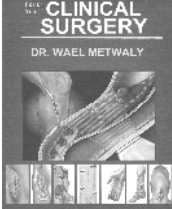
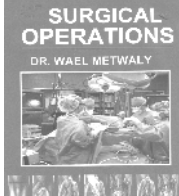
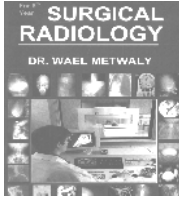
OBSTRUCTIVE JAUNDICE,

PANCREATITIS

&

PERITONITIS

BY DR.WAEL METWALY

★ Clinical  	★ Operative  - Exploration of CBD
★ Jars  - Tabes Mesentrica	★ X-rays  ➤ <u>ERCP</u> ➤ <u>PTC</u> ➤ <u>T.Tube</u> ➤ <u>CT scan:</u> - Cancer Head Pancreas

EXAMS

- A. Written Questions
- B. Explanations
- C. Cases

A. WRITTEN QUESTIONS

1. OBSTRUCTIVE JAUNDICE

2000

- DD Calcular & Malignant O.J

(10 Marks) □ □ □ □ □

2001

- DD Calcular & Malignant O.J

(15 Marks) □ □ □ □ □

2002

- Discuss Malignant O.J
- DD Calcular & Malignant O.J

(15 Marks) □ □ □ □ □

(10 Marks)

2004

- Discuss C/P & Investigations of **Stone in CBD**

(20 Marks) □ □ □ □ □

2005

- Discuss C/P , Investigations & ttt. of a patient with **Stone in CBD**
- 60-years old male presented by anorexia, loss of weight & painless **progressive obstructive Jaundice** over the last 3 months .

(20 Marks) □ □ □ □ □

Discuss C/P, Investigations & Treatment

(20 Marks)

2006

- 60-years old male presented by anorexia, loss of weight & painless **progressive olive-green Jaundice** over the last 3 months . abdominal examination revealed hepatomegaly with palpable tender swelling protruding beyond the lower liver edge.

Discuss C/P, Investigations & Treatment

(20 Marks)

2007

- Compare in a table **Calcular & Malignant O.J**

(10 Marks)

2008

- 38-years old women presented by severe epigastric pain radiating to the back for the past 3 days. She has noticed that her urine has become dark in color. On examination there was yellowish coloration of sclera.

Discuss Investigations & Treatment

(15 Marks)

2. PANCREATITIS

2003

- Discuss **Pancreatic Pseudo-cyst**
- Discuss symptoms , signs & complications of **Acute Pancreatitis**

(9 Marks)

(12 Marks)

2004

- Discuss C/P, Investigations & ttt. of **Acute Pancreatitis**

(20 Marks)

2009

- Give an account on **Gastrinoma**

(10 Marks) □ □ □ □ □

3. PRITONITIS

2003

- Discuss C/P & Investigations. of **Acute Septic Peritonitis**
- Discuss **Tabes Mesentrica**
- Discuss Aetiology, C/P & management of **Acute Septic Peritonitis**

(9 Marks) □ □ □ □ □

(9 Marks) □ □ □ □ □

(20 Marks)

2005

- Discuss Aetiology, C/P & management of **Acute Septic Peritonitis**

(20 Marks) □ □ □ □ □

2006

- Discuss Aetiology, C/P & management of **Acute Septic Peritonitis**

(20 Marks)

B. EXPLAIN

THE FOLLOWING STATEMENTS

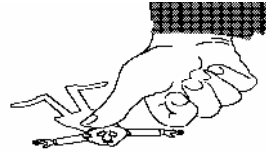


1. It is essential to administrate Vit. K before surgery to Patient with O. J (2005 – □ □ □ □ □ - 6 Oct)

- To correct bleeding tendency as O.J associated with decrease Bile salts & so associated with defective absorption of fat soluble vit. as Vit. K

2. It is important to have a high fluid intake in patient with O. J (2005 – □ □ □ □ □ - Kasr)

- To protect against Renal Failure, As absence of bile salts from intestine → Absorption of bacterial Endotoxins → Renal vasoconstriction



Case [61] (Calcular O.J)

A 40-years-old obese female presented with progressive jaundice , she gives history of multiple episodes of colicky Rt. Upper quadrant abdominal pain after ingestion of fatty food

- *Discuss the Management?*

Case [62] (Malignant O.J)

A 60-years old male presented by anorexia, loss of weight & painless progressive obstructive Jaundice over the last 3 months .

(2005 – □ □ □ □ □ - Kasr)

- *What is the provisional diagnosis?*
- *What are the C/P & Investigations?*
- *Discuss the Treatment?*

Case [63] (Malignant O.J)

A 60-years old male presented by anorexia, loss of weight & painless progressive olive-green Jaundice over the last 3 months . abdominal examination revealed hepatomegaly with palpable tender swelling protruding beyond the lower liver edge.

(2006 – □ □ □ □ □ - Kasr)

- *What is the provisional diagnosis?*
- *What are the investigations would you order?*
- *Discuss the Management?*

Case [64] (Malignant O.J)

A 38-years old women presented by severe epigastric pain radiating to the back for the past 3 days. She has noticed that her urine has become dark in color. On examination there was yellowish coloration of sclera.

(2008 – □ □ □ □ □ - Kasr)

- *What is the provisional diagnosis?*
- *What are the Investigations & Treatment?*
- *What are the possible complications of treatment?*

Case [65] (Acute Pancreatitis)

A 33-years-old alcoholic male shows up in the emergency room with epigastric pain that began 12 hours ago. The pain radiates straight through to the back . he vomit twice . Abdominal examination shows tenderness & muscle guarding in the upper abdomen with mild tachycardia

- *What is the Management?*

Case [66] (Pancreatic Pseudo-cyst)

A 32-years-old male who was recovering from an episode of acute pancreatitis attended the out-patient department with an Pulsatile epigastric mass

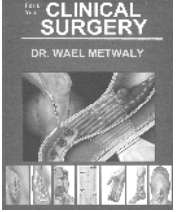
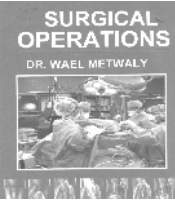
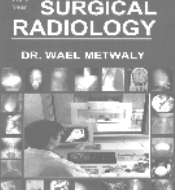
- *Discuss the Management?*

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REVISION 11

APPENDICITIS,

SMALL & LARGE INTESTINE BY DR.WAEL METWALY

★ Clinical  -----	★ Operative  - Appendicitis. - Colostomy.
★ Jars  - Michel's Diverticulum - Acute Appendicitis - Empyema of Appendix - Bilharzial Pseudo-cyst - Familial Polyposis Coli - Carcinoma of the Caecum - Carcinoma of Rectum	★ X-rays  ➤ <u>Ba. Meal follow through:</u> - Chronic Disease ➤ <u>Ba. Enema:</u> - Cancer Colon - Ulcerative Colitis - Diverticulosis coli - Familial Polyposis Coli - Bilharzial Polyps

EXAMS

- A. Written Questions
- B. Explanations
- C. Cases

A. WRITTEN QUESTIONS

1. ACUTE APPENDICITIS

2000

- Enumerate Complications of **Acute Appendicitis** & Mention ttt. of one of them
- Mention ttt. of **Appendicular Mass**

(10 Marks) □ □ □ □ □

(10 Marks)

2001

- Mention in brief Complications of **Acute Appendicitis**

(15 Marks)

2002

- Enumerate Complications of **Acute Appendicitis**

(10 Marks) □ □ □ □ □

2003

- Discuss **DD** of **Acute Appendicitis**

(9 Marks) □ □ □ □ □

2004

- Discuss C/P. of **Acute Appendicitis**

(20 Marks) □ □ □ □ □

2005

- A 25 years old male gives history of vague umbilical pain that shifted to the Rt. Iliac fossa of 3 days duration. The patient has pulse of 100/min & temp is 38 c. abdominal examination reveals a tender mass in Rt. Iliac fossa.

Discuss management

(20 Marks) □ □ □ □ □

2006

- Discuss C/P, Investigations & Treatment of **Acute Appendicitis**

(20 Marks)

2007

- A 28 years old female came to emergency room with vague abdominal pain that shifted to the Rt. Iliac fossa .She had nausea . The pulse of 100/min & temp is 37.8 c. abdominal examination reveals Localized & Rebound tenderness in Rt. Iliac fossa.

Discuss management

(20 Marks)

2. SMALL & LARGE INTESTINE

2001

- Mention Pathology & C/P of **Bilharzial Colitis**

(10 Marks)

2002

- Discuss Path.,C/P & management of **Cancer Sigmoid**

(15 Marks) □ □ □ □ □

2003

- Discuss **Mickel's Diverticulum**
- Discuss Path. & Complications of **Cancer Rectum**
- Discuss Path.,C/P & management of **Cancer Caecum**

(9 Marks) □ □ □ □ □

(9 Marks) □ □ □ □ □

(20 Marks)

2004

- Discuss Path.,C/P & management of **Cancer Lt. Colon**

(20 Marks) □ □ □ □ □

2006

- A 70-years-old male patient gives a history of change of his bowel habits, loss of weight & fresh bleeding per rectum. Rectal examination is free.

Discuss management**(20 Marks)** □ □ □ □ □

- A 65-years-old male presented with progressive constipation with passing red blood in stools infrequently. On examination a hard mass felt in the Lt. iliac fossa. P.R examination was free.

Discuss management**(20 Marks)****2007**

- A 75-years-old male presented with progressive constipation & recurrent attacks of fresh bleeding per rectum. Abdominal examination reveals some distension.

Discuss management**(20 Marks)****2008**

- Discuss Natural history of **Diverticular disease** of the colon
- Discuss factors predisposing to malignancy in **Ulcerative colitis**

(10 Marks)**(10 Marks)****2009**

- A 50-years-old male presented with bleeding per rectum, tenesmus, mucous with stool. On P/R examination found ulcerated mass.

Discuss management**(20 Marks)** □ □ □ □ □**B. EXPLAIN****THE FOLLOWING STATEMENTS****1. An Appendicular mass is better treated conservatively**

(2005 – □ □ □ □ □ - Kasr)

(2006 – □ □ □ □ □ - Kasr)

- As Appendicular mass represents success of body to isolate the danger & To avoid hazards of injury of intestine.

2. Surgery of the colon is greater risk than surgery of the Small intestine

(2008 – □ □ □ □ □ - Kasr)

- Because of
 - ① The highly infective content of both aerobic & anaerobic organism.
 - ② Constant gaseous distension.
 - ③ Incomplete serous coat.

3. Mickel's Diverticulum may present by black blood in stools

(2006 – □ □ □ □ □ - Kasr)

- Because of presence of Ectopic gastric mucosa which may bleed if complicated by peptic ulcer

4. Patient with Carcinoma of the Caecum don't usually presented with Intestinal Obstruction (2006 – □ □ □ □ □ □ – Kasr)

(2006 – □ □ □ □ □ □ - Kasr)

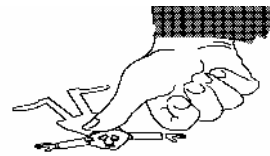
(2008 – □ □ □ □ □ □ – Kasr)

- Because of
- ① The wider the lumen .
 - ② The stool is still liquid .
 - ③ Carcinoma is not stenotic.

5. Carcinoma of Sigmoid colon commonly presents by Intestinal Obstruction (2006 – □ □ □ □ □ □ – 6. oct.)

- Because of
- ① The smaller the lumen.
 - ② The stool is more solid
 - ③ The carcinoma is more stenotic

D. CASES



Case [67] (Acute Appendicitis)

A 28 years old female came to emergency room with vague abdominal pain that shifted to the Rt. Iliac fossa .She had nausea . The pulse of 100/min & temp is 37.8 c. abdominal examination reveals Localized & Rebound tenderness in Rt. Iliac fossa.

(2007 – □ □ □ □ □ □ - Kasr)

- *Discuss the Management?*

Case [68] (Appendicular Mass)

A 25-years-old male gives history of vague umbilical pain that shifted to the Rt. Iliac fossa of 3 days duration. The patient has pulse of 100/min & temp is 38 c. abdominal examination reveals a tender mass in Rt. Iliac fossa.

(2005 – □ □ □ □ □ □ - Kasr)

- *Discuss the Management?*

Case [69] (Cancer Caecum)

A 50-years-old patient presented by sever anorexia, loss of weight, easy fatigability & she looked pale. On examination her temp. was 37 A.B.P 140/99 mmHg. A hard mass was palpable in Rt. Iliac fossa.

(2006 – □ □ □ □ □ □ - 6 oct.)

- *Discuss the Management?*

Case [70] (Cancer Sigmoid)

A 65-years-old male presented with progressive constipation with passing red blood in stools infrequently . On examination a hard mass felt in the Lt. iliac fossa. P.R examination was free.

(2006 – □ □ □ □ □ □ - Kasr)

- *Discuss the Management?*

Case [71] (Cancer Sigmoid dd from Diverticulosis coli)

A 75-years-old male presented with progressive constipation & fresh bleeding per rectum . Abdominal examination reveals some distension.

(2007 – □ □ □ □ □ □ - Kasr)

- *Discuss the Management?*

Case [72] (Cancer Colon)

A 70-years-old male patient gives a history of change of his bowel habits, loss of weight & fresh bleeding per rectum. Rectal examination is free.

(2006 – □ □ □ □ □ □ - Kasr)

- *Discuss the Management?*

Case [73] (Cancer Rectum)

A 50-years-old male presented with bleeding per rectum, tenesmus, mucous with stool. On P/R examination found ulcerated mass.

(2009 – □ □ □ □ □ □ - Kasr)

- *Discuss the Management?*

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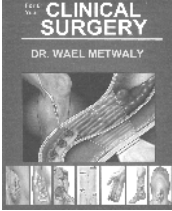
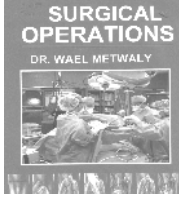
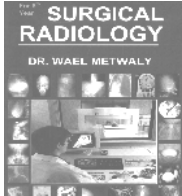
REVISION 12

INTESTINAL OBSTRUCTION

HERNIA

ANAL CANAL CONDITIONS

BY DR.WAEL METWALY

★ Clinical  - Hernia	★ Operative  - Hernia Operations - TTT of Strangulated Hernia - Haemorrhoidectomy - Management of Anal Fissure
★ Jars  - Intussusception - Volvulus	★ X-rays 

EXAMS

- A. Anatomy
- B. Written Questions
- C. Explanations
- D. Cases

A. ANATOMY

- 2003 - Describe boundaries & content of **Inguinal Canal**
- Discuss Anatomy of **Inguinal Canal**.

(9 Marks) □ □ □ □ □

(20 Marks)

B. WRITTEN QUESTIONS

1. HERNIA

2000

- Discuss C/P & management of **Strangulated Inguinal Hernia**

(10 Marks) □ □ □ □ □

2001

- Mention management of **Strangulated Hernia**

(10 Marks)

2003

- Discuss C/P & management of **Strangulated Inguinal Hernia**

(20 Marks)

2006

- 45-years-old male presented **with irreducible Rt. O.I.H** he was absolutely constipated since one day & he was vomited 3 times

Discuss the management?

(20 Marks)

2007

- Enumerate the complications of **O.I.H**

(4 Marks) □ □ □ □ □

- Discuss C/P & management of **Strangulated O.I.H**

(16 Marks) □ □ □ □ □

2008

- Classification of **Inguinal Hernia**

(5 Marks) □ □ □ □ □

- Discuss diagnosis & management of **Strangulated Hernia**

(15 Marks) □ □ □ □ □

2. INTESTINAL OBSTRUCTION

1999

- Discuss **Paralytic Ileus**

(10 Marks)

2000

- Discuss C/P & treatment of **Volvulus sigmoid**

(20 Marks) □ □ □ □ □

2003

- Discuss C/P & Investigations of **Infantile Intussusception**

(9 Marks) □ □ □ □ □

2004

- Discuss C/P & management of **Ileo-Caecal Intussusception**

(20 Marks) □ □ □ □ □

- A 30 years old man presented with recurrent colicky abdominal pain, vomiting & constipation. General examination revealed pulse of 100/min .ABP 120/80 mmHg, Temp. 37 c. Abdominal examination revealed distension & a scar of Appendicectomy operation

what is the management ?

(20 Marks)

2005

- A Mother brought her infant who is 7 months old to the emergency room Complaining of recurrent attacks of abdominal colics, constipation & passage of some mucus & blood per rectum

what is the management ?

(20 Marks) □ □ □ □ □

2007

Same case (2005)

(20 Marks) □ □ □ □ □

2008

- A 60 years old female presented to the emergency room with recurrent attacks of abdominal colics & distension. Attacks were relieved with passage of large amount of flatus. On examination there was localized tenderness & rigidity over the Lt. iliac fossa, with a hyper-tympanic note. **what is the management ?**

(25 Marks) □ □ □ □ □

- A 14 months old baby suddenly develops severe colics with persistent vomiting for the past 6 hours. On examination there was an empty Rt. Iliac fossa, and a palpable mass was found above & to the Rt. of umbilicus. Rectal examination showed red current jelly stools. **what is the management ?**

(10 Marks)

2009

- An Infant his mother said that he has absolute constipation. On examination he was severely dehydrated with abdominal distention **what is the management ?**

(10 Marks) □ □ □ □ □

3. ANAL CANAL

2002

- Discuss C/P & Complications of **Piles**

(12 Marks)

2003

- Discuss **Painful Peri-anal condition**

(9 Marks) □ □ □ □ □

- Discuss **Pilonidal Sinus**

(9 Marks) □ □ □ □ □

2007

- Discuss **Peri-anal Abscess**

(10 Marks) □ □ □ □ □

- Mention C/P & Treatment of **Piles**

(10 Marks) □ □ □ □ □

2008

- Discuss C/P & Treatment of prolapsed thrombosed **Piles**

(5 Marks) □ □ □ □ □

4. COLLECTIONS

2003

- Discuss DD & Management of **Hamatemesis**

(20 Marks)

2004

- Discuss causes & investigations of **fresh Bleeding per Rectum**

(20 Marks) □ □ □ □ □

2006

- Mention 2 problems which cause **Pain in Rt. Iliac fossa.**
- For each problem Mention 2 symptoms or signs
 - For each problem Discuss 2 investigations

(20 Marks) □ □ □ □ □

2007

- Mention causes of the passage of **fresh Bleeding per Rectum .**

(5 Marks) □ □ □ □ □

2009

- What are the **abdominal incisions** & mention the layers included in each incision.

(10 Marks) □ □ □ □ □

5. ABDOMINAL MASSES

2002

- Discuss DD of a mass in **Rt. Iliac fossa**.

(12 Marks)

2003

- Discuss DD of a mass in **Lt. Iliac fossa**.

(9 Marks) □ □ □ □ □

2005

- Discuss DD of a mass in **Rt. Iliac fossa**.

(20 Marks)

C. EXPLAIN

THE FOLLOWING STATEMENTS



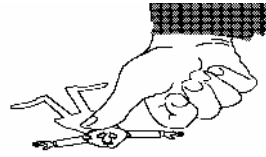
1. Patient with Carcinoma of the Caecum don't usually presented with Intestinal Obstruction (2006 – □ □ □ □ □ – Kasr)
 ➤ Because of
 - ① The wider the lumen . (2008 – □ □ □ □ □ – Kasr)
 - ② The stool is still liquid .
 - ③ Carcinoma is not stenotic.
2. Carcinoma of Sigmoid colon commonly presents by Intestinal Obstruction (2006 – □ □ □ □ □ – 6. oct.)
 ➤ Because of
 - ① The smaller the lumen.
 - ② The stool is more solid
 - ③ The carcinoma is more stenotic
3. In Patient with Intestinal Obstruction abdominal guarding is a serious sign (2006 – □ □ □ □ □ – Kasr)
 ➤ Because guarding indicates picture of associated peritonitis
4. Patient with adhesive Intestinal Obstruction should be given a chance of conservative treatment (2008 – □ □ □ □ □ – Kasr)
 ➤ To avoid hazards of injuring the intestine
5. A big sized gall bladder stone can produce acute Intestinal Obstruction (2006 – □ □ □ □ □ - Kasr)
 ➤ **Gall Stone Ileus** (discuss)

6. Injection of Internal piles is done as an out- patient procedure.

(2006 – □ □ □ □ - 6. oct.)

- Because int. piles covered with (non-sensitive) mucosa so no need for anesthesia

D. CASES



Case [74] (Adhesive I.O)

A 30 years old man presented with recurrent colicky abdominal pain, vomiting & constipation. General examination revealed pulse of 100/min. ABP 120/80 mmHg, Temp. 37°C. Abdominal examination revealed distension & a scar of Appendectomy operation

(2004 – □ □ □ □ - Kasr)

- *What is the Management?*

(2006 – □ □ □ □ - Kasr)

Case [75] (Infantile Intussusception)

A Mother brought her infant who is 7 months old to the emergency room complaining of recurrent attacks of abdominal colics, constipation & passage of some mucus & blood per rectum

(2005 – □ □ □ □ - Kasr)

- *Discuss the Management?*

(2007 – □ □ □ □ - Kasr)

Case [76] (Infantile Intussusception)

A 14 months old baby suddenly develops severe colics with persistent vomiting for the past 6 hours. On examination there was an empty Rt. Iliac fossa, and a palpable mass was found above & to the Rt. of umbilicus. Rectal examination showed red current jelly stools.

(2008 – □ □ □ □ - Kasr)

- *Discuss the Management?*

Case [77] (Infantile Intussusception)

An Infant his mother said that he has absolute constipation. On examination he was severely dehydrated with abdominal distention

(2009 – □ □ □ □ - Kasr)

- *Discuss the Management?*

Case [78] (Volvulus Sigmoid)

A 70-years old male presented with recurrent abdominal colics, distension & absolute constipation

(2004 – □ □ □ □ □ - 6 Oct.)

- *Discuss the Management?*

Case [79] (Volvulus Sigmoid)

A 60 years old female presented to the emergency room with recurrent attacks of abdominal colics & distension. Attacks were relieved with passage of large amount of flatus. On examination there was localized tenderness & rigidity over the Lt. iliac fossa, with a hyper-tympanic note.

(2008 – □ □ □ □ □ – Kasr)

- *Discuss the Management?*

Case [80] (Strangulated Hernia)

A 45-years-old male presented with irreducible Rt. O.I.H he was absolutely constipated since one day & he was vomited 3 times

(2006 – □ □ □ □ □ - Kasr)

- *Discuss the management*

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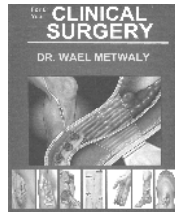
GOOD LUCK

Dr. WAEL

UROLOGY DISORDER

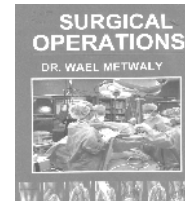
BY DR.WAEL METWALY

★ Clinical



- Hypospadias

★ Operative



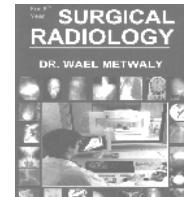
- Exposure of ureter.
- Circumcision.
- Acute urine retention.
- Management of stones.

★ Jars



- Polycystic kidney
- Solitary cyst
- Double pelvis & ureter
- Pyonephrosis
- T.B Kidney
- Stag horn stone
- Hydronephrosis & Hydroureter
- Hypernephroma
- Wilm's tumor
- Bilharzial cystitis
- Carcinoma of urinary bladder
- S.E.P.
- Cancer prostate

★ X-rays



➤ Plain X- ray:

- Urinary stones
- Calcification of U.B.
- Ectopia vesica

➤ I.V.P:

- Double ureter
- Ectopic & Ptosed kidney
- Horse shoe kidney
- Hydroureter & hydronephrosis
- Hypernephroma
- Polycystic kidney

➤ Cystography:

- Cancer U.B. & prostate

➤ Urethrography:

- Rupture urethra

➤ CT scan:

- Cancer U.B.

EXAMS

- A. Anatomy
- B. Written Questions
- C. Explanations
- D. Cases

A. ANATOMY

2007 - Describe the anatomy of the **Rt. Kidney**

(10 Marks)

B. WRITTEN QUESTIONS

Symptomatology

2003

- Enumerate causes of **Haematuria**.

(9 Marks) □ □ □ □ □

2004

- Diagnosis & management of **Urine Retention**
- What are causes & treatment of **Acute Urine Retention**

(20 Marks) □ □ □ □ □

(10 Marks)

2006

- Mention the causes of **Haematuria**.

(6 Marks)

Congenital Anomalies

2002

- Discuss **polycystic kidney**.

(12 Marks)

2003

- Discuss **Ectopia Vesica**

(9 Marks) □ □ □ □ □

2009

- Discuss **Ectopia Vesica**

(10 Marks) □ □ □ □ □

Traumatic Disorders

2000

- Discuss **Renal Injuries**

(15 Marks)

2002

- Discuss **Renal Injuries**

(15 Marks) □ □ □ □ □

Inflammation

1996

- Discuss C/P & management of **Bilharziasis** of urinary bladder

(15 Marks)

2003

- Discuss pathology of **Renal T.B**

(9 Marks) □ □ □ □ □

Urinary Stones

2001

- Mention types, C/P & complications of **Urinary Calculi**

(20 Marks)

2006

- Discuss management of **Renal Calculi**

(20 Marks) □ □ □ □ □

2007

- Discuss the treatment of **Renal Calculi**

(10 Marks)

2008

- Describe the treatment of a **Stone lower end of the Ureter.**

(10 Marks)

Obstructive Uropathy

2002

- Discuss symptoms, signs & investigations of **S.E.P**

(10 Marks)

2003

- Discuss C/P of **S.E.P**

(9 Marks) □ □ □ □ □

2005

- Discuss C/P, Investigations & Treatment of **S.E.P**

(20 Marks) □ □ □ □ □

2006

- Discuss C/P, Investigations & Treatment of **S.E.P**

(14 Marks)

2008

- Discuss C/P of **Benign Prostatic Hyperplasia** & Enumerate complications of **B.P.H** & indications of surgery

(20 Marks) □ □ □ □ □

Tumors

2000

- Discuss Path, C/P of **Hypernephroma**

(20 Marks)

2001

- Discuss Path, C/P & Treatment of **Cancer bladder**

(20 Marks) □ □ □ □ □

2002

- Discuss Path, C/P & Complications of **Hypernephroma**

(12 Marks)

2003

- Discuss C/P & management of **Hypernephroma**

(20 Marks)

2004

- What are necessary investigations to diagnosis & treat **Prostatic cancer.**

(10 Marks)

2005

- Discuss Path, C/P & Treatment of **Renal Cell Carcinoma**

(20 Marks)

2008

- Describe the clinical presentations of **Renal cell carcinoma**

(10 Marks)

2009

- A Male patient, complaining of haematuria, on ordinary investigations there was no lesion, but with abdominal C.T. there was tumor mass 2 x 3 cm on the lower pole of kidney.

what is the management ?

(10 Marks) □ □ □ □ □

C. EXPLAIN

THE FOLLOWING STATEMENTS



1. Urethral catheterization is contraindicated in patient with suspected urethral injury (2005 – □ □ □ □ □ - Kasr)

- Because it can compound the damage & introduce infection.

2. The Ideal treatment of urethral injury is to do supra-pubic cystostomy (2006 – □ □ □ □ □ - Kasr)

- Same answer Q:1

3. Painless Haematuria is a serious symptoms

- Because the commonest causes of Painless Haematuria are Hypernephroma or Transitional cell carcinoma.

(2005 – □ □ □ □ □ - Kasr)

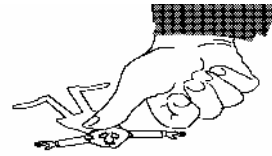
(2005 – □ □ □ □ □ - Kasr)

4. Bilateral Orchidectomy is a palliative line of treatment for Metastatic cancer prostate. (2005 – □ □ □ □ □ - Kasr)

(2006– □ □ □ □ □ - Kasr)

- Because Cancer Prostate is an Androgen sensitive tumor so Bilateral Orchidectomy is a suppression for Testosterone

D. CASES



Case [80] (Haematuria)

A 40-years-old male presented with Haematuria

- *Discuss the management*

Case [81] (Hypernephroma or Transitional Ca.)

A 60 year-old male presented to the surgical department by a painless Haematuria.

- *Discuss the management*

Case [82] (Squamous Ca. of U.B)

A 50-years-old Egyptian male presenting with long history of HSM & complaining by burning micturation & painful Haematuria.

- *Discuss the management*

Case [83] (Acute Urine Retention)

A 20-years-old male underwent Haemorrhoidectomy at night after the operation. He complains by urine retention

- *Discuss the management*

Case [84] (Renal Injury)

A 25-years-old male was injured by stab wound in Lt. loin. The patient was alert. The pulse was 120/min. ABP 90/60 mmHg & 37°C Temp. Associated with total Haematuria. Abdominal examination was free with tender Lt. loin.

- *What is the management?*

Case [85] (Hypernephroma)

A Male patient, complaining of haematuria, on ordinary investigations there was no lesion, but with abdominal C.T. there was tumor mass 2 x 3 cm on the lower pole of kidney.

(2009 – ❏ ❏❏ ❏❏❏ - Kasr)

- *Discuss the Management?*

Case [86] (Cancer Prostate)

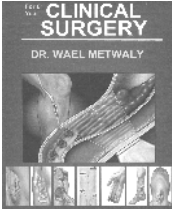
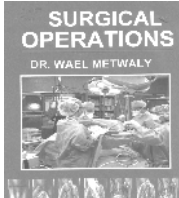
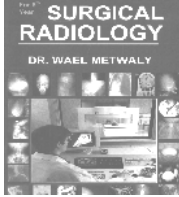
A 70-years-old male presenting with sciatica after investigations there was mass invade the Sciatic nerve & acid Phosphatase enzyme was 10 king/Armstrong unit.

- *Discuss the management*

بسم الله
GOOD LUCK
Dr. WAEL

REVISION 14

INGUINO-SCROTAL BY DR.WAEL METWALY

★ Clinical  - Undescended testis - Varicocele - Hydrocele	★ Operative  - Undescended testis - Varicocele - Hydrocele
★ Jars  - Seminoma - Teratoma - Torsion testis - Filarial Funiculitis - T.B Epididymo-orchitis	★ X-rays  -----

EXAMS

- A. Written Questions
- B. Explanations
- C. Cases

A. WRITTEN QUESTIONS

2002

- Discuss **Incompletely Descended Testis**

(12 Marks) □ □ □ □ □

2003

- Discuss C/P & DD of **Torsion Testis**

(9 Marks) □ □ □ □ □

- Enumerate types of **Hydrocele**

(10 Marks)

2004

- Discuss C/P & DD of **Torsion Testis**

(10 Marks) □ □ □ □ □

2007

- Discuss C/P & treatment of **1ry Vaginal hydrocele**

(5 Marks)

2008

- Discuss C/P & treatment of **1ry Varicocele**

(5 Marks) □ □ □ □ □

2009

- Adolescent boy, came to emergency room, complaining of severe pain in the scrotum, his pulse was 110

what is DD & how to differentiated ?

(10 Marks) □ □ □ □ □

B. EXPLAIN

THE FOLLOWING STATEMENTS



1. Testicular tumors, the scrotum should be via an inguinal Approach

(2007 – □ □ □ □ □ – Kasr)

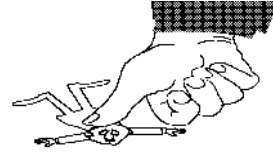
- To prevent opening of alternative way for lymphatic spread especially with **Seminoma**

2. Varicocele is more common of Lt. side.

(2006 – □ □ □ □ □ – 6. oct.)

- Because of
- ① Lt. Testicular vein **opens** in the Lt. Renal vein at Rt. angle i.e. **No** protective valves.
 - ② Lt. Testicular vein **lies** beneath the Sigmoid colon and so liable to compression.
 - ③ Lt. Testicular vein **be longer** because the Lt. Testis usually lies at lower level than Rt. Testis
 - ④ Lt. Renal vein **pass** anterior to aorta & posterior to superior mesenteric artery i.e. **Nut Cracker**

C. CASES



Case [87] (Torsion Testicle from Acute Epididymo-orchitis)

Adolescent boy, came to emergency room, complaining of severe pain in the scrotum, his pulse was 110

(2009 – □ □□ □□□ - Kasr)

- *What is DD & how to differentiated ?*

بسم الله
GOOD LUCK

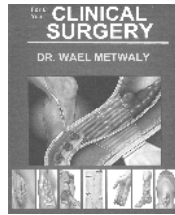
Dr. WAEL METWALY

REVISION 15

ORTHOPAEDICS

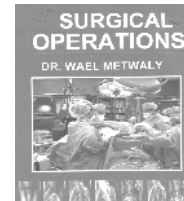
BY DR.WAEL METWALY

★ Clinical



.....

★ Operative



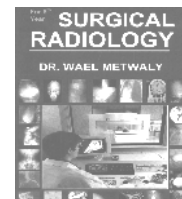
- Management of # Clavicle
- Management of # Neck Femur
- Management of # Shaft Femur

★ Jars



- T.B spine
- Osteoclastoma
- Osteosarcoma
- Parosteal sarcoma
- Chondrosarcoma

★ X-rays



➤ Plain X- ray:

- # of upper limb
- # of lower limb
- # spine
- L.D.P
- Chronic Osteomyelitis
- Pott's disease
- Hyperparathyroidism
- Exostosis
- Osteoclastoma
- Osteosarcoma
- Chondrosarcoma
- Bone Metastasis

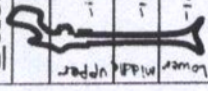
Injuries of the upper limb

	# clavicle	Shoulder dislocation	# neck humerus	# shaft humerus	Supra-condylar #	# shaft radius & ulna	Colle's fracture
commonest	middle 1/3	Anterior	Old age		children		Old women's #
C/P	1- Loss of function: mother suckling her baby. 2- <u>Deformity</u> : medial end pulled upward & lateral end falls downward and medially.	1- Loss of function. 2- Swelling. 3- <u>Deformity</u> : abduction, change in length, flattening.	H E 1- Loss of function. 2- Swelling. 3- <u>Deformity</u> : abduction or adduction type (usually impacted)	L P S <u>Deformity</u> : - abduction type: # is above deltoid insertion or - adduction type: # is below deltoid insertion	D A T <u>Deformity</u> : extension type (99%) or flexion type (1%).	<u>Deformity</u> : - Above insertion of P.T.: proximal part is in supination. - Below insertion of P.T.: proximal part is in mid-pronation.	<u>Deformity</u> : Typical dinner fork deformity. - Distal part: upward, backward & laterally. - Proximal part: fully pronated & adducted.
Complications:	Mal-union	Recurrency	Circumflex nerve injury	Radial nerve injury	Local complications especially: - Myositis ossificans. - Volkman's contracture. - Cubitus varus or valgus		
Treatment	Broad arm to neck <u>sling</u> .	- Reduction. - Fixation: <u>arm to chest</u> .	- Abduction type: Fixation <u>arm to chest</u> . - Adduction type: triangular <u>sling</u> .	- Reduction. - Fixation: U-shaped <u>plaster slab</u> .	- Reduction. - Fixation: above elbow posterior <u>slab</u> . - After care: radial pulse.	- Undisplaced: above elbow <u>cast</u> . - displaced: external or internal fixation.	- Reduction. - Fixation: below elbow <u>plaster cast</u> . - After care: active mobilization of fingers

Summary for treatment:

Sling	Arm to chest	Slab	Cast
* # clavicle.	* Anterior shoulder dislocation.	* # shaft humerus.	* # shaft radius & ulna.
* # neck humerus (adducted type)	* # neck humerus (abducted type)	* Supra-condylar # humerus.	* Colle's #.

Injuries of the lower limb

Types & Aetiology	# pelvis	Posterior hip dislocation	# neck femur	# shaft femur	# shaft tibia & fibula
C/P	* Solitary #: - Avulsion #, isolated # of pelvic ring. * Disruption of p. ring: - Double break ant. (butter-fly), combined ant. & posterior (open book).	* Congenital. * Traumatic: posterior (the commonest), anterior, central. * Pathological.	* Intra-capicular: 1) sub-capital, 2) trans-cervical, 3) basal neck * Extra-capicular: 4) per-trochanteric; 5) inter-trochanteric.	Direct or Indirect trauma	Direct or Indirect trauma
	1- Loss of function: pt can't lift his leg. 2- Deformity: shortening & external rotation.	H E 1- Loss of function: painful & limited move. 2- Swelling. 3- Deformity: flexion, add & int. rotation. [X-ray]: head is outside acetabulum, interrupted Shenton's line.	L P S D A T 1- Loss of function: no movement. 2- Swelling. 3- Deformity: abduction type 80% (usually impacted) or adduction type 20%.	Deformity: 	Circulation of foot should be examined.
Complications:	- Sciatic nerve injury. - Mal-union (indication for c/s in females)	GENERAL + - Sciatic nerve injury. - # posterior lip of acetabulum.	Local complications especially: - Sciatic nerve injury. - Non-union: (due to...) - Mal-union (coxa vera)		Cross union
	* Correction of shock + ttt of visceral injury. * # - stable & no displacement: rest + binder. - disruption of s. pupis: reduction + hip spica (6 w.) - upward displacement: skeletal traction on tibia. - double #: external fixator. * After care: movement on crutches.	- Reduction: flexion, abd. & ext. rotation. - Fixation: hip spica (6w.)	* Intra-capicular #: - if young: open reduction+ fixation (canulated screws) - if old: hemiarthroplasty or THR. * Extra-capicular #: - if fit: open reduction+ fixation (dynamic hip screws) - if unfit: traction on Bohler splint.	* Undisplaced #: above knee cast (6 w.) * Displaced #: - reduction+ below knee cast. - open reduction+ fixation by plate & screws only on tibia.	
Treatment					

EXAMS

- A. Written Questions
- B. Explanations
- C. Cases

A. WRITTEN QUESTIONS

GENERAL PRINCIPLES

2002

- Discuss complications of **Fractures**

(12 Marks)

2004

- Discuss Methods of fixation of **Fractures**

(20 Marks) □ □ □ □ □

2006

- Mention the complications of **Fractures**

(12 Marks)

2007

- give an account on complications of **Fractures**

(10 Marks)

2009

- Mention Methods of fixation of **Fractures**

(10 Marks) □ □ □ □ □

INJURIES OF UPPER LIMB

2000

- Discuss # Middle 1/3 **Clavicle**
- Discuss C/P & Complication of **Supra-condylar # of Humerus**

(10 Marks) □ □ □ □ □

(10 Marks)

2001

- Mention C/P & Complication of **Supra-condylar # of Humerus**

(7 Marks) □ □ □ □ □

2002

- Mention C/P & Complication of **Colle's Fracture**

(10 Marks) □ □ □ □ □

2003

- Discuss Complication of **Supra-condylar # of Humerus**
- Discuss Complication of **Supra-condylar # of Humerus**

(9 Marks) □ □ □ □ □

(20 Marks)

2005

- Enumerate 4 complications 2ry to
Colle's fracture & Supra-condylar #

(4 Marks) □ □ □ □ □

2006

- A 10-years- old boy presented with pain & swelling in the elbow region after car accident.

Discuss the management ?

(20 Marks)

2007

- Discuss C/P, & Management of **Supra-condylar # of Humerus** in a baby 6 years old

(20 Marks) □ □ □ □ □**2008**

- Enumerate Specific complications 2ry to **Supra-condylar # Humerus & # Clavicle**

(10 Marks) □ □ □ □ □

INJURIES OF LOWER LIMB & SPINE

1999

- Discuss # **Mid Shaft Femur**

(10 Marks)**2004**

- Discuss C/P, Complications & treatment of **Fracture Neck Femur**

(25 Marks)**2005**

- Enumerate 4 complications 2ry to **Fractures Pelvis, Neck & Shaft Femur**

(6 Marks) □ □ □ □ □**2006**

- Discuss aetiology, C/P & Complications of **Fracture Spine**

(20 Marks) □ □ □ □ □**2008**

- Enumerate Specific complications 2ry to **Fracture Pelvis & Fracture Shaft Femur**

(10 Marks) □ □ □ □ □

- Describe types & treatment of **Fracture Neck Femur**

(10 Marks)**2009**

- What are types, C/P, complications & management of **Fractures Pelvis**

(10 Marks) □ □ □ □ □

INFLAMMATIONS

2002

- Discuss Pathology, complication & diagnosis of **Chronic Non-specific Osteomyelitis**

(12 Marks) □ □ □ □ □**2003**

- Discuss complications of **Pott's Disease**

(9 Marks)**2005**

- A 5-year-old boy complains of pain at the lower end of thigh & inability to walk. Examination reveals a temp. 39 & swelling with severe tenderness at lower end of thigh.

(20 Marks)**Discuss management****2008**

- Describe C/P & DD of **Acute hematogenous Osteomyelitis**

(10 Marks)

NEOPLASMS

1997

- Discuss **Osteoclastoma** path & C/P

(10 Marks) □ □ □ □ □**2002**

- Discuss Pathology C/P of **Osteosarcoma**
➤ Discuss **Metastatic disease** of Bone

(12 Marks)**(12 Marks)****2005**

- Discuss Pathology, treatment of **Osteosarcoma**

(15 Marks) □ □ □ □ □**2007**

- Discuss Pathology & treatment of **Osteogenic sarcoma**
➤ Discuss C/P & treatment of **Ivory Osteoma**

(10 Marks)**(10 Marks)****2008**

- Discuss C/P & treatment of **Osteochondroma**

(5 Marks) □ □ □ □ □

B. EXPLAIN

THE FOLLOWING STATEMENTS



1. If pt. with a supra-condylar # develops pain in his fingers this denotes a serious problem (2005 – □ □ □ □ □ - 6. oct.)

- Because pain denotes that Median nerve entrapped by fibrosis due to Volkmann's contracture which is

2. Displaced Intra-capsular # Neck Femur in elderly is usually treated by Hip Arthroplasty (2005 – □ □ □ □ □ – Kasr)

- Because this # characterized by Non union due to :
- ① Avascular necrosis.
 - ② Senility
 - ③ Inadequate reduction

3. Patient with Ewing's Sarcoma may be diagnosed as Osteomyelitis (2005 – □ □ □ □ □ – Kasr)

- Because Ewing's sarcoma characterized by **Fever** similar to Osteomyelitis

4. If pt. with a supra-condylar # should be kept over night for observation (2006 – □ □ □ □ □ – Kasr)

- To avoid Volkmann's contracture which is massive infarction of the flexor compartment & So we must to observe the pulsation

5. # Shaft Femur in adult is better treated by Internal Fixation.

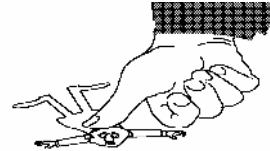
(2006 – □ □ □ □ □ □ – Kasr)

➤ Because # femur may be:

(2006 – □ □ □ □ □ □ – Kasr)

- ① Associated with soft tissue injury.
- ② Associated with soft tissue interposition.
- ③ Associated with dislocation
- ④ Pathological #
- ⑤ Unstable #
- ⑥ Multiple #

C. CASES



Case [88] (Acute Osteomyelitis)

A 5-year-old boy complains of pain at the lower end of thigh & inability to walk. Examination reveals a temp.39 & swelling with severe tenderness at lower end of thigh

(2005 – □ □ □ □ □ □ – Kasr)

- *Discuss the Management?*

Case [89] (Supra-condylar #)

A 10-years- old boy presented with pain & swelling in the elbow region after car accident.

(2006 – □ □ □ □ □ □ – Kasr)

- *Describe the expected findings on clinical examination?*
- *Mention investigations?*
- *What is the most important post-operative follow up?*

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REVISION 16

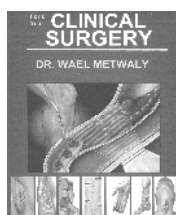
CARDIOTHORACIC

NEUROSURGERY

ANAESTHESIA

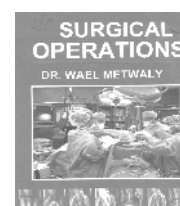
BY DR.WAEL METWALY

★ Clinical



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★ Operative



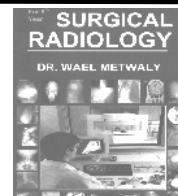
- Management of Sucking chest Wound
- Management of Haemothorax
- Management of Pneumothorax
- Management of # vault
- Management of Head injury

★ Jars



- Extra-dural Haematoma

★ X-rays



➤ Plain X- ray:

- # RIBS
- Haemothorax
- Pneumothorax
- Fissured # skull
- Depressed # skull

➤ CT Scan :

- Extra-dural Haematoma
- Sub- dural Haematoma
- Brain Tumor

EXAMS

- A. Anatomy
- B. Written Questions
- C. Explanations
- D. Cases

A. ANATOMY

2002 - Describe the anatomy of the **Middle Meningeal artery**

(10 Marks)

B. WRITTEN QUESTIONS

1 CARDIOTHORACIC

2000

- Discuss **Post Operative Complications**
- Discuss ttt. of **Cardiac arrest**

(15 Marks) □ □ □ □ □

(10 Marks)

2001

- Discuss C/P & ttt. of **Pneumothorax**
- Discuss **C.P.R**
- Discuss **Traumatic Haemothorax**

(10 Marks) □ □ □ □ □

(10 Marks) □ □ □ □ □

(10 Marks)

2002

- Discuss **Post Operative Pulmonary Complications**
- Discuss **Pneumothorax**
- Discuss Management of **Cardiac arrest**

(15 Marks) □ □ □ □ □

(10 Marks) □ □ □ □ □

(12 Marks)

2003

- Discuss **Life threatening of chest injuries**
- Discuss **Cardiac Arrest**
- Discuss **Pulmonary Embolism**

(9 Marks) □ □ □ □ □

(9 Marks) □ □ □ □ □

(20 Marks)

2004

- Discuss **Post Operative Lung Atelectasis**
- 25 years old man was injured in a motor car accident. the patient was alert but dyspnic , the pulse was 140/min ,ABP 90/60 mmHg & temp 37° c. there were contusions of the Lt. side of chest wall. Abdominal examination was free.

(20 Marks) □ □ □ □ □

What is the management

(20 Marks)

2005

- Discuss C/P , investigations & ttt. of **Pulmonary Embolism**
- Discuss C/P & management of **Flail chest**

(20 Marks) □ □ □ □ □

(10 Marks)

2006

- Discuss causes & treatment of **Cardiac Arrest**
- Discuss C/P & management of **Flail chest**
- Discuss (**Cardio-pulmonary Resuscitation**) **C.P.R**

(20 Marks) □ □ □ □ □**(10 Marks)****(10 Marks)****2007**

- Discuss (**Cardio-pulmonary Resuscitation**) **C.P.R**
- 25 years old man was injured in a motor car accident. the patient was alert but dyspnic , the pulse was 140/min ,ABP 90/60 mmHg & temp 37° c. there were contusions of the Lt. side of chest wall. Abdominal examination was free. **What is the management**

(10 Marks) □ □ □ □ □**(25 Marks)****2008**

- Discuss (**Cardio-pulmonary Resuscitation**) **C.P.R**
- Discuss C/P & management of **Flail chest**
- Discuss **Cardiac Arrest**

(10 Marks) □ □ □ □ □**(10 Marks)** □ □ □ □ □**(10 Marks)****2009**

- Female patient, has car accident, on investigation she found to have surgical emphysematous Lt. lung. Shiftiness of trachea to Rt. side. The heart is shifted to Rt. side & it's apex is lying between the 2 lungs & sternum. Also we found open wound at the 5th Lt. intercostal space.

What is the management**(20 Marks)** □ □ □ □ □

2 NEUROSURGEY

1998

- Diagnosis of **Fractures Base of Skull**

(15 Marks) □ □ □ □ □**2000**

- Discuss Aetiology & C/P of **Acute Extra-dural Hge**

(10 Marks)**2001**

- Discuss C/P & treatment of **Fracture Vault Skull**
- Discuss clinical features of **Fracture Ant. Cranial Fossa**

(10 Marks) □ □ □ □ □**(10 Marks)****2002**

- Discuss **Acute Extra-dural Haematoma**
- Discuss C/P of **Acute Extra-dural Haematoma**

(15 Marks) □ □ □ □ □**(20 Marks)****2003**

- Discuss Management of **Airway Obstruction with Head Trauma**
- Discuss **Extra-dural Haematoma**

(9 Marks) □ □ □ □ □**(20 Marks)****2004**

- Give an account on **Glasgow Coma Scale**
- Discuss C/P of **Expanding Intra-cranial Haematoma**

(5 Marks) □ □ □ □ □**(10 Marks)**

2005

- Discuss management of patient with **Intra-cranial Injuries**.
what are factors that cause deterioration of this condition ?
- A 35 year-old-male patient was admitted to the casualty department after a car accident. **The patient was semi-comatose.** The puls was 110/min & ABP was 120/80 mmHg .Examination of Chest, Abdomen & Limbs was free.
Discuss initial examination, investigations & treatment.

(25 Marks) □ □ □ □ □**(25 Marks)****2006**

- A 30 year-old-male patient was admitted to the casualty department after a **head injury**. The patient was drowsy, After few hours the level of consciousness started to deteriorate.
 - a. Mention 2 causes for this deterioration.
 - b. Mention investigations & treatment.
- Discuss C/P & Management of **Acute Extra-dural Haematoma**

(20 Marks) □ □ □ □ □**(10 Marks)****2007**

- Give an account on **Glasgow Coma Scale**
- Discuss C/P of **Expanding Intra-cranial Haematoma**
- Discuss C/P & Management of **Acute Extra-dural Haematoma**

(5 Marks) □ □ □ □ □**(15 Marks)** □ □ □ □ □**(10 Marks)****2008**

- Give an account on **Glasgow Coma Scale**
- Discuss C/P, Investigation & Treatment of **Depressed # Skull**

(10 Marks) □ □ □ □ □**(10 Marks)** □ □ □ □ □**2009**

- A young boy, fall from height, come to hospital in coma, on examination, we found to have **watery discharge from his nose**. All vital signs are normal.
What is your diagnosis & what are other C/P ?

(10 Marks) □ □ □ □ □

3 NERVE INJURY

2008

- Discuss **Ulnar Paradox**

(4 Marks) □ □ □ □ □

4 ANAESTHESIA

2001

- Discuss Pulmonary Complications of **General Anaesthesia**

(10 Marks) □ □ □ □ □**2002**

- Discuss Complications of **General Anaesthesia**

(12 Marks)**2003**

- Discuss Respiratory Complications of **General Anaesthesia**
- Enumerate Complications of **Spinal Anaesthesia**

(9 Marks) □ □ □ □ □**(9 Marks)** □ □ □ □ □

2004

- Discuss the available Regimens for **relief of Post-operative Pain** (15 Marks)

2005

- Discuss **3 Drugs that are used for induction of General Anaesthesia** (15 Marks) □ □ □ □ □
- Enumerate Respiratory Complications of **General Anaesthesia** & Discuss aetiology, C/P & treatment of one of these complications (20 Marks)

2006

- Discuss the Regimens for **relief of Post-operative Pain** (20 Marks) □ □ □ □ □
- Enumerate Complications of **Spinal Anaesthesia**. (10 Marks)

2007

- Enumerate Complications of **General Anaesthesia**. (10 Marks) □ □ □ □ □
- Discuss Complications of **Spinal Anaesthesia** (10 Marks)

2008

- Discuss **Post-operative Respiratory complications** after **General Anaesthesia** (10 Marks) □ □ □ □ □

C. EXPLAIN

THE FOLLOWING STATEMENTS



1. Tension Pneumothorax leads to Respiratory distress

(2005 – □ □ □ □ □ – Kasr)

(2007 – □ □ □ □ □ – Kasr)

- Because the opening in the pleural cavity permits entrance of air during inspiration & prevents its exit during expiration. So the air in the pleural cavity accumulates under tension compressing the lung & displacing mediastinum to opposite side .

2. Open Pneumothorax is a serious surgical emergency

- Because of (2006 – □ □ □ □ □ – 6 oct.)

- ① Paradoxical respiration.
② Pendulum respiration.
③ Mediastinal Flutter. } **Discuss**

3. An Extra-dural Haematoma is a surgical emergency

(2006 – □ □ □ □ □ – Kasr)

- Because it leads to stage of compression which may be :
- ① **Early : (Irritation)** headache, irritability, confusion & drowsiness.
② **Late : (Depression)** semi-coma or coma
③ **Finally** decerebrate rigidity → **Death**

4. Flail Chest leads to serious Respiratory distress

- Same Answer Q: 2 (2006 – □ □ □ □ □ – Kasr)

SHORT QUESTIONS ON NEURO-SURGERY

1- CAUSES OF DETERIORATION OF THE PATIENT WITH HEAD INJURY

1. Brain oedema :

leading to increased intracranial tension

2. Airway obstruction and / or hypoventilation :

leading to brain swelling and increased intracranial tension, Respiratory insufficiency can be confirmed by estimating PO₂ and PCO₂.

3. Intra-cranial haematoma :

This can be confirmed by CT scan.

4. Fever :

due to respiratory infection or meningitis.

5. Over-transfusion by hypotonic fluids, or dehydration.

6. Epilepsy :

If not accompanied by convulsions, it is difficult to differentiate epilepsy from an intracranial haematoma.

2- FACTORS THAT AFFECT SEVERITY OF CEREBRAL INJURY

1. Distortion of the Brain :

Posterior displacement of the cerebral hemisphere leads to distortion at the region of the hypothalamus and brain stem *leading to* temporary loss of consciousness. while **Anterior displacement** of the cerebral hemisphere leads to distortion of the corpus callosum. *leading to* damage to neurons, nerve fibers, galia and blood vessels.

2. Mobility of the Brain in relation to the Skull and Membranes :

considerable movement between the brain and the dura leading to more brain damage.

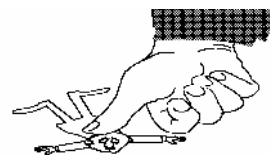
3. Configuration of the Interior of the Skull :

Smooth areas of the skull will cause less damage to the underlying brain than rough or sharp areas, e.g. The frontal pole by the rough floor of the anterior cranial fossa.

4. Age of the patient :

A young patient will have a better chance of recovery than an elderly one as the functional reserve of the brain is higher.

D. CASES



Case [90] (Lt. Haemothorax)

A 25-years old man was injured in a motor car accident. the patient was alert but dyspnic , the pulse was 140/min , ABP 90/60 mmHg & temp 37°C there were contusions of the Lt. side of chest wall. Abdominal examination was free.

(2004 – □ □ □ □ - KASR)

(2007 – □ □ □ □ - KASR)

- *What is the Management?*

Case [91] (Rt. Pneumothorax)

A 25-years old man was injured in a motor car accident. the patient was alert but very dyspnic , chest examination revealed hyper-resonance & diminished air entry on the Rt. Side of the chest

(2004 – □ □ □ □ - 6 Oct.)

- *What is the Management?*

Case [92] (Lt. Pneumothorax)

Female patient, has car accident, on investigation she found to have surgical emphysematous Lt. lung. Shiftiness of trachea to Rt. side. The heart is shifted to Rt. side & it's apex is lying between the 2 lungs & sternum. Also we found open wound at the 5th Lt. intercostal space.

(2009 – □ □ □ □ – Kasr)

- *What is the Management?*

Case [93] (Head Trauma)

A 35 year-old-male patient was admitted to the causality department after a car accident. The patient was semi-comatose. The puls was 110/min & ABP was 120/80 mmHg .Examination of Chest, Abdomen & Limbs was free.

(2005 – □ □ □ □ – Kasr)

- *Discuss initial examination, investigations & treatment ?*

Case [94] (Head Trauma)

A 30 year-old-male patient was admitted to the casualty department after a head injury. The patient was drowsy, After few hours the level of consciousness started to deteriorate.

(2006 – □ □ □ □ □ – Kasr)

- a. Mention 2 causes for this deterioration.
- b. Mention investigations & treatment.

Case [95] (Head Trauma)

A young boy, fall from height, come to hospital in coma, on examination, we found to have watery discharge from his nose. All vital signs are normal.

(2009 – □ □ □ □ □ – Kasr)

What is your diagnosis & what are other C/P ?

بسم الله
GOOD LUCK

Dr. WAEL